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**ABERTILLERY
URBAN DISTRICT COUNCIL**



REPORTS
OF THE
Medical Officer of Health
AND
School Medical Officer
FOR THE YEAR
1925.

ABERTILLERY:
PHILLIPS & CO., 1, ROSEBERRY STREET.

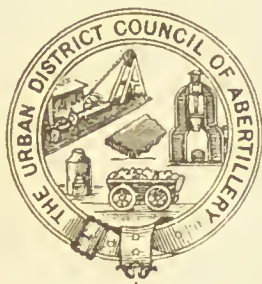
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ABERTILLERY URBAN DISTRICT COUNCIL



REPORTS OF THE Medical Officer of Health AND School Medical Officer FOR THE YEAR 1925.

ABERTILLERY:
PHILLIPS & CO., 1, ROSEBERRY STREET.

Abertillery Urban District Council

COUNCILLORS.

<i>Chairman</i>	-	-	L. ELLIOTT, J.P.
<i>Vice-Chairman</i>	-	-	W. WILLIAMS

WARDS.

Cwmtillery.

T. H. Mytton
J. T. Boots
Dd. Smith
H. J. Davies
Dd. Walters
F. W. Chivers

Abertillery.

W. Beynon
F. Athay
L. Elliott, J.P.
J. Snellgrove
H. J. Spencer

Six Bells.

W. Williams
D. Thomas

Aberbeeg.

J. Dixon
S. Pask
R. Downs

Llanhilleth.

J. Carter
W. F. Walters

**Day of Meeting — Fourth Monday in each Month,
at 5 p.m.**

Clerk to the Council	-	-	William Gait
Surveyor and Water Engineer	-	-	A. Gordon Jones, M.I.M.C.E.
Accountant	-	-	Rupert Prosser
Supt. Assistant Overseer and Collector	-	-	D. E. Williams
Gas Manager and Engineer	-	-	Ifor G. Jenkins
Electricity Engineer and Manager	-	-	M. J. Mortimer
Shops Inspector	-	-	D. T. Bond



SANITARY COMMITTEE.

Councillor J. Snellgrove, *Chairman*.

Councillor D. Thomas

Councillor J. Carter

„ R. Downs

„ W. Beynon

„ J. Dixon

„ S. Pask

„ D. Walters

„ F. W. Chivers

Couns. T. H. Mytton, L. Elliott, J.P., W. Williams, *ex-officio*

**Day of Meeting—Tuesday following Second Monday
in each Month at 6.30 p.m.**

Sanitary Staff.

Medical Officer of Health - T. Baillie Smith, M.B., Ch.B.,
(Glasgow), D.P.H. (Camb.)

Sanitary Inspector (Senr.) - Frank Padfield, C.R.S.I.,
M.S.I.A.

„ - J. E. Blissett, A.R.San.I., M.I.

Disinfector - - - W. Sailes

Matron Isolation Hospital - Nurse M. A. Richards

Clerk to Medical Officer - Stanley E. Thomas

Health Visitor - - - Miss E. Hayes, Cert. Fever and
Tuberculosis Training

HOUSING COMMITTEE.

Councillor J. T. Boots, *Chairman*.

The Committee consist of the whole of the Members
of the Council.

Lady Representatives—Mesdames Small, G. Lewis, and
W. Lewis.

Abertillery Urban District Council

REPORT

Of the Medical Officer of Health on the Sanitary Conditions, Administration, and Vital Statistics for the Year 1925.

To the Chairman and Members of the
Abertillery Urban District Council.

GENTLEMEN,

I have the honour of submitting to you the Annual Report for the year 1925.

The Ministry issued a memorandum as to the contents and arrangements of the Annual Report. This arrangement I propose to follow as closely as possible.

Natural and Social Conditions of the District.

Physical Features and General Character.

The Abertillery Urban District is situated in the Western Valleys of Monmouthshire, 13 miles north-west of Newport, and 20 south-west of Monmouth.

Its greatest length, north to south is $6\frac{1}{2}$ miles, while it varies in breadth, east to west, from $\frac{1}{2}$ to $2\frac{1}{2}$ miles. It has an area of $10\frac{1}{4}$ square miles, being the third largest Urban District in the County, but ranking first both as regards population (39,260) and rateable value (£174,733-8-0).

The district lies upon the north-east corner of the South Wales Coal Field.

The Upper Coal Measures have been almost wholly denuded, but the Pennant Series form a moorland plateau from 1,200 to 1,600 feet above sea-level, through which valleys, deep, narrow and confluent, run from north to south regard-

less of the geological formation. The whole of the Blaentillery Valley and portions of the Valleys of the River Ebbw and its tributary, the Ebbw Faeh, are within the Abertillery area. The Tillery coal vein, at the base of the Pennant Series, outcrops in long lines on the sides of the valleys north of Aberbeeg, and has been worked by levels and slopes.

The Deep or Steam Coal Series are nowhere exposed throughout the district, but are worked by pits in the valleys. The rapid development and prosperity of the district are to be attributed nearly wholly to the mining of the deeper coal measures.

The mountain land is sparsely inhabited, the main population being aggregated around the collieries in the valleys, forming a chain of mining towns, linked to the central and largest one of Abertillery.

The chief centres of population are—Cwmtillery, in the Blaentillery Valley to the north; Abertillery, at the junction of the Blaentillery and Ebbw Vach Valleys; Six Bells, in the Ebbw Faeh Valley to the South of Abertillery; Aberbeeg, at the junction of the Ebbw with the Ebbw Faeh; and Llanhilleth and Crumlin in the Ebbw Valley to the south.

Elevations above Ordnance Datum.

Lowest Point in District—			FEET
River bed at exit from district below Crumlin			
Low Level Station	...	...	370
Crumlin—			
Road near Viaduct Hotel	...	...	401
Top of Viaduct	...	...	600
Llanhilleth—			
Line at Railway Station	...	...	482
St. Illtyd's Church	...	...	1181
Aberbeeg—			
Engine Shed at Station	...	...	516·5
B.M. near Crumlin School	...	...	625
Six Bells—			
Railway Line	...	...	613

Abertillery—				FEET
Road at front of Tin Works	...	...	...	649
Foundry Bridge	...	..	...	748
Blaina Border—				
Railway Lane	...	...	...	815
Cwmtillery—				
Reservoir	...	...	...	1150
Top Rows, West Side	...	...	...	1157

Roads and Railways.

The main roads and the railways run in the valleys near the river. Formerly the main road between Abertillery and Aberbeeg lay to the west of the river, but some years ago this was supplemented by a more direct and easier graded road on the east side. A similar east road from Abertillery to Blaina has been satisfactorily completed. This road has opened up a large amount of building land and enabled houses to be erected in an area where they are much required. A new road has also been completed, reaching from Royal Oak to Hafodyrynys, and another through Cwm Cottage Road to Six Bells through the Cwm Farm fields.

The district is served by the Newport-Brynmawr Branch of the Great Western Railway. There are connections to the L. and N.W. Railway at Brynmawr, and to the Swansea and Pontypool High Level Line near Crumlin—the latter connection unfortunately is not open for passenger traffic, so that passengers have to walk up a steep hill from the Low to the High Level Station at Crumlin. A Station is also required at Bonrville and at Six Bells. Road Motor Services have been established throughout the area and these also link us up with neighbouring areas.

Wards.

Up to 1908 the district comprised three wards. By an order of the Monmouthshire County Council, dated May 6th, 1908, and confirmed by the Local Government Board, December 8th, 1908, the district was divided into five wards, as follows:—

Ward 1, Llanhilleth.— This includes that part of Llanhilleth south-east of the Nant Cuffin, with the portions of Crumlin and Hafodyrynys which are within the district. Members

on Council, 2. Area, 923 acres. Population, 4,620. Density of population per acre—5.00 persons.

Ward 2, Aberbeeg.—Comprises Aberbeeg and that portion of Llanhilleth N.W. of the Nant Cuffin. Members on Council, 3. Area, 937 acres. Population, 5,815. Density per acre—6.20 persons.

Ward 3, Six Bells.—Comprises Warm Turn, Six Bells, and that portion of Abertillery South of Cwm Road and the Vivian Pit. Members on Council, 2. Area, 1,045 acres. Population, 6,560. Density per acre—6.27 persons.

Ward 4, Abertillery.—Comprises the township of Abertillery, with exception of the portions included in Wards 5 and 3. Members on Council, 5. Area, 1,165 acres. Population, 11,000. Density per acre—9.43 persons.

Ward 5, Cwmtillery.—Consists of Cwmtillery, with Penybont, Blaenau Gwent, and Brynteg. Members on Council, 6. Area, 2,410 acres. Population, 11,255. Density per acre—4.67 persons.

Occupations.

Agriculture, formerly the staple industry of the district, is still represented by some five and twenty sheep or milk farms scattered over the hills and valleys.

The majority of the male inhabitants are employed in coal mining, which industry has enormously developed during the past twenty-five years, so that there are now probably 10,000 men employed therein.

The following table shows the occupations by sex of persons over 12 years of age :—

	Males	Females
Agricultural Occupations ...	72	6
Mining and Quarrying Occupations—		
In Coal and Shale Mines ...	9555	2
Owners, Agents, Managers ..	39	—
Subordinate Superintending Staff	368	—
Hewers and Setters ...	6108	—
Persons conveying Material to Shaft	886	—
Persons making and repairing Roads ..	624	—
Other workers below Ground	736	—
Other workers above Ground ...	794	2

	Males	Females
Makers of Coke and By-Products ...	38	—
Workers in Chemical Processes ...	5	—
Metal Workers ...	495	36
Electricians, etc. ...	48	—
Makers of Watches, Clocks, etc. ...	5	—
Workers in Skins, Leather, etc. ...	12	—
Makers of Textile Goods, and Articles of Dress ...	50	117
Makers of Food, Drinks, and Tobacco ...	83	29
Workers in Wood and Furniture ...	105	—
Printers, Bookbinders, etc....	17	3
Builders, Bricklayers, Contractors, etc....	290	—
Painters and Decorators ...	34	—
Workers in Mixed & Undefined Materials	25	—
Persons employed in Gas, Water, and Electricity Undertakings ...	33	—
Persons employed in Transport and Communications ...	482	11
Commercial, Finance, and Insurance Occupations (excluding Clerks) ...	520	401
Persons employed in Public Administration and Defence ...	214	19
Professional Occupations (excluding Clerical Staff) ...	157	188
Persons employed in Entertainments and Sport ...	17	11
Persons engaged in Personal Service ...	126	622
Clerks and Draughtsmen ...	131	64
Warehousemen, etc. ...	24	3
Stationary Engine Drivers and Dynamo and Motor Attendants ..	368	—
Other and Undefined Workers ...	275	6
Retired or not gainfully occupied ...	1538	11,243

Vital Statistics.

The population of the Abertillery Urban District as revealed by the census of 1901 was 21,945; by the census of 1911, 35,415; and by the census of 1921, 38,805. It will thus be noted that the population increase between 1901 and 1911 was 13,470, and between 1911 and 1921, 3,390.

The population supplied this year by the Registrar General for calculating the Birth and Death Rate was 39,260.

a decrease of 260 compared with 1924, and an increase of only 455 as compared with the 1921 census.

The procedure followed in adjusting the local census populations of 1921 in order to arrive at estimates of resident populations for that year which could suitably be used in connection with statistics of births and deaths classified according to area of residence is described in the Registrar General's Statistical Review (text) for 1921.

The estimates of population as at 30th June, 1925, which are now provided, have been based on the adjusted 1921 figures, after allowance for the varying rates of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information such as the changes in the numbers on the Electoral Register, and the migration returns obtained by the Board of Trade, and are supplied only for the use in Vital Statistics.

The total acreage is 6,489 acres.

The density of population of the whole district is 6.05 persons per acre. The actual density of the inhabited portion is much greater than 6.05, for there is much uninhabited hill-side and mountain land.

The rateable value is £174,733-8-0 and the product of a penny rate is £546.

Births.

	1925	1924	1923	1922
Number of Births ...	777	801	941	976
Birth Rate per 1,000—				
Abertillery ...	19.7	20.2	23.5	24.2
England and Wales ...	18.3	18.8	19.7	20.6
Small Towns ...	18.2	18.9	19.8	20.5

The total number of births registered locally during 1925 as belonging to the district was 777, of which 416 were males and 361 females. This gives a birth rate of 19.7 per 1,000 persons

The returns of the Registrar General differ from the local Registrars to a slight extent.

The Registrar General's return of births is 768, a decrease of 9 over the local returns. Of this number 406 were males and 362 females.

The number of legitimate births was 392 males and 352 females, and of illegitimate births 14 males and 10 females.

The total number of illegitimate births from the Registrar General's return is 24, which is 10 in excess of the local Registrar's return of 14.

The number of births during the year 1925 shows a decrease of 47 as compared with 1924.

The total number of births in the County for the year 1925 was 8,100 (males, 4,124, females, 3,976), giving a birth-rate of 21.5.

TABLE I.
BIRTHS FOR THE YEAR 1925.

Month.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
January	46	27	73	115	88	203
February	44	35	79			
March	25	26	51			
April	33	22	55	109	88	197
May	43	33	76			
June	33	33	66			
July	50	43	93	99	95	194
August	24	27	51			
September	25	25	50			
October	28	34	62	93	90	183
November	31	23	54			
December	34	33	67			
Total	416	361	777	416	361	777

TABLE 2.
MONTHLY DISTRIBUTION OF BIRTHS
FOR YEAR 1925.

Month.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Total.
January ...	13	16	12	11	21	73
February ...	10	17	12	19	21	79
March ...	3	14	4	13	17	51
April ...	5	10	10	21	9	55
May ...	13	16	15	15	17	76
June ...	13	11	12	15	15	66
July ...	10	14	16	22	31	93
August ...	6	11	5	12	17	51
September ...	8	11	3	10	18	50
October ...	5	11	12	11	23	62
November ...	15	9	6	8	16	54
December ...	12	12	8	17	18	67
Total ...	113	152	115	174	223	777

TABLE 3.
ILLEGITIMATE BIRTHS, 1925.

			ILLEGITIMATE BIRTHS.		
			Boys.	Girls.	Total.
Ward 1	...	4620	—	—	—
„ 2	...	5815	2	1	3
„ 3	...	6560	—	2	2
„ 4	...	11,000	—	1	1
„ 5	...	11,265	6	2	8
Total	...	39,260	8	6	14

TABLE 4.

Comparison of Birth Rate with that of England and Wales.

Year.	Population.	No. of Births.	Birth Rate.	England and Wales.
1901	22,476	1,011	44'9	28'5
1905	28,449	1,188	41'7	27'3
1909	32,577	1,328	40'7	25'8
1913	37,550	1,039	35'8	23'9
1914	39,325	1,333	33'8	22'2
1915	37,001	1,199	32'3	21'8
1916	35,998	1,073	27'3	21'6
1917	37,032	1,078	26'1	17'8
1921	39,660	1,242	31'3	22'4
1922	40,170	976	24'2	20'6
1923	39,900	941	23'5	19'7
1924	39,520	801	20'2	18'8
1925	39,260	777	19'7	18'3

Deaths.

The total number of deaths which occurred according to the Registrar General's return was 338, a decrease of 37 as compared with 1924, when the total number was 375.

196 of these deaths occurred in males, and 142 in females.

Weekly returns of the deaths are received from the local Registrar, and these returns show the total deaths as 277—157 males and 120 females. In addition there were 64 deaths registered outside the district, making a total of 341, being three more deaths than is recorded by the Registrar General.

The figures of the Registrar General will be used for calculating the annual death rate, but for the Ward distribution of deaths the local Registrar's will be used.

The death rate for the year was 8'6 per 1,000.

The total number of deaths in the County was 3,980—2,189 males and 1,791 females, giving a death rate of 10'6 per 1,000 persons.

Causes of Death.

TABLE 5.

(TABLE III LOCAL GOVERNMENT BOARD).

Causes of Death.			M.	F.
ALL CAUSES	...	...	196	142
1 Enteric Fever	...	...	...	1
2 Small Pox	...	...	...	...
3 Measles	...	...	4	2
4 Scarlet Fever	...	...	1	...
5 Whooping Cough	...	...	4	4
6 Diphtheria	...	...	2	3
7 Influenza	...	...	4	5
8 Encephalitis lethargica	...	...	1	...
9 Meningococcal Meningitis	...	...	...	...
10 Tuberculosis of respiratory system	...	...	12	17
11 Other tuberculosis diseases	...	...	6	5
12 Cancer, Malignant disease	...	...	15	12
13 Rheumatic Fever	...	...	1	1
14 Diabetes	...	...	2	2
15 Cerebral hæmorrhage, &c.	...	...	4	6
16 Heart Disease	...	...	23	23
17 Arterio-sclerosis	...	...	9	1
18 Bronchitis	...	...	15	4
19 Pneumonia (all forms)	...	...	19	12
20 Other respiratory diseases	...	...	4	1
21 Ulcer of stomach or duodenum	...	...	2	...
22 Diarrhœa, &c. (under 2 years)	...	...	3	5
23 Appendicitis and typhilitis	...	...	...	2
24 Cirrhosis of liver	...	...	1	...
25 Acute and Chronic nephritis	...	...	3	4
26 Puerperal sepsis	...	...	...	1
27 Other accidents and diseases of pregnancy and parturition	...	...	...	1
28 Congenital debility and malformation, premature birth	...	...	18	13
29 Suicide	...	...	2	...
30 Other deaths from violence	...	...	16	3
31 Other defined diseases	...	...	25	14
32 Causes ill-defined or unknown	...	...	...	...
Special Causes (included above)				
Poliomyelitis	...	...	...	...
Polioencephalitis	...	...	...	...
Deaths of infants under 1 year of age				
Total	...	...	38	24
Illegitimate	...	...	1	..
TOTAL BIRTHS			406	362
Legitimate	...	...	392	352
Illegitimate	...	...	14	10
POPULATION—				
For Birth and Death Rates	...	...	39,260	

TABLE 6.
MONTHLY DEATHS OF MALES AND FEMALES,
1925.

Month,	Males.	Females	Total.
January ...	11	19	30
February ...	14	15	29
March ...	15	10	25
April ...	13	8	21
May ...	18	9	27
June ...	9	4	13
July ...	8	8	16
August ...	10	3	13
September ...	12	12	24
October ...	13	15	28
November ...	13	7	20
December ...	21	10	31
Outside District ...	41	23	64
Totals ...	198	143	341

Death Rate—Males ... 5.0 per 1,000

„ „ Females ... 3.6 „

Population for Death Rate ... 39,260

TABLE 7.

DEATHS, 1925.—Monthly and Ward Distribution.

Month.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Total.	
						Months.	Quarter
January ...	3	6	5	7	9	30	84
February ...	3	9	3	4	10	29	
March ...	4	4	6	4	7	25	
April ...	3	7	1	5	5	21	61
May ...	5	7	1	6	8	27	
June ...	4	4	1	2	2	13	
July ...	5	2	—	3	6	16	53
August ...	3	2	—	4	4	13	
September ...	2	9	2	8	3	24	
October ...	3	6	9	6	4	28	79
November ..	1	4	2	8	5	20	
December ...	4	2	6	9	10	31	
Transferable Deaths ...	5	11	16	13	19	64	
Total ...	45	73	52	79	92	341	

TABLE I.—(LOCAL GOVERNMENT BOARD.)
Vital Statistics of Whole District during 1925 and Previous Years.

Year.	Population estimated to middle of each Year.	Births.		Total Deaths Registered in the District.			Transferable Deaths.		Nett Deaths belonging to the District.						
		Un- corrected Number.	Nett.	Number.	Rate.	Number.	Rate.	Of Non- residents not regis- tered in the District.	regis- tered in the District.	Under 1 yr. of age			At all ages		
										Number.	Rate.	Number.		Rate	per 1,000 Nett Births.
1	2	3	4	5	6	7	8	9	10	11	12	13			
1915	37,091	1196	1199	32.3	471	12.6	0	44	158	131.7	515	13.8			
1916	35,908	1072	1072	27.3	349	9.6	1	29	100	93.1	379	10.5			
1917	37,032	1078	1078	26.1	372	10.0	0	41	119	110.3	413	11.1			
1918	36,004	1138	1138	28.2	535	14.8	0	52	118	103.6	587	15.8			
1919	42,771	1037	1037	23.2	414	9.6	0	56	104	100.2	470	10.9			
1920	44,475	1289	1276	28.6	425	10.8	0	57	145	113.6	482	10.8			
1921	39,660	1224	1242	31.3	345	8.6	0	58	127	102.2	403	10.1			
1922	40,170	969	976	24.2	363	9.0	0	53	89	91.8	416	10.3			
1923	39,960	917	941	23.5	273	6.8	0	62	70	74.3	335	8.4			
1924	39,520	801	815	20.6	308	10.4	0	68	70	85.8	376	9.5			
1925	39,260	777	768	19.5	277	7.0	0	64	63	82.0	341	8.6			

Inquests.

Thirty-one inquests were held during 1925, as against 27 in 1924. The certified causes of death were as follows :

ACCIDENTS.

	M.	F.	Total
In or about Coal Mines ...	8	—	8
Run over by Vehicle ...	5	—	5
Scalds and Burns ...	3	1	4
Fall ...	—	1	1
Suicide ...	1	—	1
Poisoning ...	—	—	—
Drowning ...	1	—	1
	18	2	20

NATURAL CAUSES.

	M.	F.	Total
Heart Condition ...	4	2	6
Suffocation ...	1	—	1
Overlying ...	1	—	1
Other Causes ...	1	2	3
	7	4	11

Ten inquests were held on residents who died outside the area.

Colliery Fatalities.

The rate for this is .2 per 1,000 of the population.

Certified Deaths.

The proportion of deaths certified by medical practitioners and inquest cases registered during 1925 was as follows :

Certified by Medical Practitioners ...	310
Inquest Cases ...	31

Of the 64 transferable deaths 48 were certified by Hospital Surgeons and 10 by the Coroner.

TABLE 8.

INFANT MORTALITY DURING THE YEAR 1925.

Nett Deaths from stated causes at various ages under one year of age.

Causes of Death.		Under 1 Wk.	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month.	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year.
All Causes	Certified	13	7	4	2	26	9	14	9	4	62
	Uncertified	...	...	...	...	...	...	...	...	...	...
(Small Pox	...	...	...	...	...	...	...	...	...	...	...
(Chicken Pox	...	...	...	...	...	...	...	...	...	...	...
(Measles	...	...	...	...	...	...	...	1	...	...	1
(Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
(Whooping-cough	...	...	...	...	...	...	...	3	1	1	5
(Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...
(Erysipelas	...	...	...	...	...	...	...	...	...	...	...
(Tubercular Meningitis	...	...	...	...	...	...	...	...	...	1	1
(Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...
(Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...
(Meningitis (<i>Not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	1	1
(Convulsions	...	...	...	...	...	...	1	...	1	...	2
(Laryngitis	...	...	...	...	...	...	...	...	...	...	...
(Bronchitis	...	...	...	...	...	...	1	1	1	...	3
(Pneumonia	...	...	...	...	1	1	...	2	3	1	7
(Diarrhoea	...	...	...	...	...	...	...	...	...	...	...
(Enteritis	...	...	...	...	...	...	1	2	...	...	3
(Gastritis	...	...	...	...	...	...	...	1	1	...	2
(Syphilis	...	...	...	...	...	...	...	...	...	...	...
(Rickets	...	...	...	...	...	...	...	1	...	...	1
(Suffocation, Overlaying	...	...	...	...	...	...	...	1	...	...	1
(Injury at Birth	...	...	...	...	...	...	...	...	...	...	...
(Atelectasis	...	...	...	...	...	...	...	...	...	...	...
(Congenital Malformations	...	...	2	1	...	3	1	...	...	...	4
(Premature Birth	...	8	3	1	1	13	1	...	...	...	14
(Atrophy, Debility, & Marasmus	...	4	2	2	...	8	4	...	1	...	13
(Other Causes	...	1	...	...	...	1	...	2	1	...	4
(Influenza	...	...	...	...	...	...	...	...	...	...	...
(Polio Encephalitis	...	...	...	...	...	...	...	...	...	...	...
Totals	...	13	7	4	2	26	9	14	9	4	62

Nett Births in the Year ... Legitimate 744
 ... Illegitimate 24

Nett Deaths in the Year ... Legitimate Infants 62
 ... Illegitimate Infants 1

TABLE 9.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE
DURING 1925.

Monthly, Quarterly, and Ward Distribution.

Month.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Outside District	Total.	
							Months.	Quarter
January ...	2	1	1	2	2	1	9	26
February ...	...	5	1	1	6	...	13
March ...	...	1	2	1	...	...	4
April ...	1	2	...	2	5	9
May ...	...	3	...	1	...	...	4
June ...	...	...	...	...	...	...	...
July ...	1	2	...	3	18
August ...	1	1	...	...	2	1	5
September ...	...	7	1	1	1	...	10
October	10
November ..	1	...	...	1	2	...	4
December ...	1	...	1	4	...	...	6
Total ..	7	20	6	13	15	2		63

Infantile Mortality.

	1925	1924	1923	1922
Number of Deaths under 1 year	62	70	70	89
Number of Births 	777	801	917	969
Infantile Mortality, Abertillery	81.0	85.8	75.2	91.8

The number of deaths of children under one year of age was 62, and the total number of deaths at all ages was 341.

The number of deaths of infants under one year recorded for the County was 679 — (371 males, 308 females), equal to an infantile mortality of 83.8

There were 768 births during the year as recorded by the Registrar General. 744 legitimate births, out of which 62 children died, and 24 illegitimates, out of which one child died.

From Table 4, on page 14, it will be observed that for many years past there has been a gradual decline in the birth rate both locally and in England and Wales, and especially so for this year.

The Infantile Mortality rate forms "the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions."

Table 8 gives a full return of all deaths in children under one year.

Pneumonia and bronchitis caused 10 deaths. Respiratory diseases are very common in our area owing to the severe climatic conditions, etc., under which we live.

Diarrhoea and enteritis caused 3 deaths, as compared with 4 in 1924.

Premature birth, congenital debility, and malformation was the cause of 31 deaths according to the Registrar General's returns, and a similar number of deaths according to local returns. This is a pre-natal question over which for the moment there is little or no control, but on which in the near future much more work will be done with the establishment of Pre-Maternity Clinics. If this cause of infant death could be materially dealt with, it would lead to a great reduction of infant life.

Out of the 31 deaths recorded from above causes you will observe that 24 of those deaths occurred within the first month of life, and 19 of them within the first two weeks.

A substantial proportion of the incoming race is lost each year through abortion, miscarriages, still-births, and dead infants, and it is of national importance that these lives should be saved. The causes of high infant death rate also affects the health of the survivors, and lie near the roots of our social life.

To obtain a correct understanding of the principal causes concerning infant mortality it is necessary to bear the following facts in mind :

- (1)—Its incidence falls chiefly in the first three months of life, and especially in the first week of the first month.
- (2)—In this country it is higher in urban than in rural areas.
- (3)—It is higher among illegitimate than among legitimate children.
- (4)—It is related to the age of the mother and the number of her children.
- (5) Its incidence is dependent not upon density of population, but upon local and domestic conditions characteristic of limited industrial areas and social classes of the community.
- (6)—It is high among the poor, and lower among those on a higher social scale (in 1911 in England and Wales the infant mortality of all classes was 132 per 1,000 births, of unskilled workers 152, in costermongers 196, of the intermediate class 106, of the middle upper classes 76, and in the families of doctors only 39).

Zymotic Diseases.

	1925	1924	1923	1922	1921
Number of Deaths ...	29	24	46	18	58
Death Rate per 1,000,					
Abertillery ...	·75	·60	1·15	·44	1·46

The number of deaths from the principal zymotic diseases during 1925 was 29, equivalent to a death rate of ·73 per 1,000 persons of all ages.

Details as to the number of cases, deaths, etc., are given in the following table under the headings of various diseases.

TABLE 10.
ZYMOTIC DISEASES, 1925.

	Notified Cases.	Deaths.	Case Fatality per cent.	Death Rate.	England & Wales.
1 Small Pox ...	—	—	—	—	—
2 Scarlet Fever ...	35	1	2·8	·02	·03
3 Diphtheria ...	65	5	7·7	·12	·07
4 Fevers					
Typhus, etc. ...	—	—	—	—	—
Typhoid ...	4	1	25·0	·02	·01
Continued ...	—	—	—	—	—
5 Measles ...	—	6	—	·15	·13
6 Whooping Cough	—	8	—	·20	·15
7 Diarrhoea and Enteritis (under 2 yrs.)	—	8	—	·20	8·4

TABLE II.
NOTIFIABLE DISEASES, 1925.

	Total Cases Notified	Cases admitted to Hospital.	Total Deaths.
Diphtheria ...	65	9	5
Scarlet Fever ...	35	0	1
Enteric Fever (including Para-typhoid) ...	4	2	1
Puerperal Fever ...	3	—	1
Chicken Pox ...	—	—	—
Pneumonia —			
(a) Influenza ...	4	8	—
(b) Acute Primary ...	4		
Cerebro-Spinal Fever ...	—	—	—
Erysipelas ...	7	—	—
Encephalitis Lethargica	1	—	—
Tuberculosis—			
(a) Pulmonary { M ...	22	—	—
{ F ...	29	—	—
{ Total	51	—	—
(b) Non-Pulmonary { M ...	6	—	—
{ F ...	13	—	—
{ Total	19	—	—

TABLE 12.
INFECTIOUS DISEASES NOTIFIED, 1925.

Age Analysis.													
Disease.	All Ages.	-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	65	...	1	...	4	9	33	11	2	2	1	2	...
Scarlet Fever	35	...	1	1	5	4	14	7	1	1	...	1	...
Enteric Fever	4	...	...	...	...	...	...	...	1	1	2	...	...
Puerperal Fever	3	...	...	...	...	...	...	...	...	...	2	...	...
Malaria and Dysentery...	2	...	...	...	...	...	...	...	...	...	2	...	...
(M ...	5	...	...	...	...	...	...	...	...	3	...	2	...
(F ...	3	...	...	...	1	1	...	...	1	...	...	...	...
(Total	8	...	...	...	1	1	...	...	1	3	...	2	...
Ophthalmia Neonatorum	10	10	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	7	...	...	1	...	...	...	1	...	3	...	2	...
Encephalitis Lethargica	1	...	...	...	...	...	...	...	...	...	1	...	...
Tuberculosis—													
(a) Pulmonary	(M ... 22 (F ... 29 (Total 51	1	...	...	...	...	1	2	2	5	7	4	...
		...	1	...	...	...	3	4	6	11	3	1	...
		1	1	...	...	...	4	6	8	16	10	5	...
(b) Non-Pulmonary	(M ... 6 (F ... 13 (Total 19	...	1	...	...	...	1	2	...	1	1	...	...
		...	2	...	...	...	1	3	...	3	2	1	1
		...	3	...	...	...	2	5	...	4	3	1	1

TABLE 12 (continued).
INFECTIOUS DISEASES NOTIFIED, 1925.

Ward Distribution.

Disease.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Totals.
Diphtheria ...	3	7	13	17	25	65
Scarlet Fever ...	2	8	6	14	5	35
Enteric Fever ...	1	1	1	1	...	4
Puerperal Fever ...	...	2	...	...	1	3
Chicken Pox ...	...	...	...	...	...	...
Small Pox ...	...	...	...	...	...	...
Malaria and Dysentery...	2	...	...	...	...	2
Pneumonia { M ...	...	4	1	...	...	5
{ F ...	...	...	...	...	3	3
{ Total ...	...	4	1	...	3	8
Ophthalmia Neonatorum	3	2	1	2	2	10
Erysipelas ...	1	2	...	1	3	7
Encephalitis Lethargica	...	1	...	...	...	1
Tuberculosis—						
(a) Pulmonary { M ...	2	6	6	3	5	22
{ F ...	4	7	2	10	6	29
{ Total	6	13	8	13	11	51
(b) Non-Pulmonary { M ...	1	1	...	2	2	6
{ F ...	1	3	1	4	4	13
{ Total	2	4	1	6	6	19

Scarlet Fever.

	1925	1924	1923	1922	1921
Number of Cases Notified ..	35	116	95	107	256
Number of Deaths ...	1	4	—	2	1
Death Rate per 1,000					
Abertillery ...	·02	·10	—	·04	·02
England and Wales ...	·03	·02	·03	·04	·03

35 cases of Scarlet Fever were notified during the year, compared with 116 in 1924, 95 in 1923, 107 in 1922, and 256 in 1921. The decrease in the number of cases compared with 1924 is 81.

The number of cases notified each month, compared with the numbers notified monthly during 1924, can be seen by the following table.

MONTHLY NOTIFICATION OF SCARLET FEVER.

	1925	1924	1923
January ...	5	16	13
February ...	3	7	14
March ...	3	8	6
April ...	1	5	8
May ...	3	9	5
June ...	2	9	3
July ...	5	5	5
August ...	1	3	3
September ...	3	11	9
October ...	6	21	10
November ...	1	14	11
December ...	2	8	8
	35	116	95

The principal monthly decrease was during the month of November, when one case was notified, as compared with 14 cases in the corresponding month of 1924.

There was also a decrease of 11 cases notified during the month of January, 1925, as compared with January, 1924, and a decrease of 15 cases notified during the month of October, 1925, as compared with October, 1924.

Decreases were also shown in all other months except July.

The Ward distribution was as follows :

			No of Cases.		
			1925	1924	1923
Ward	I	...	2	5	9
	„	II	8	19	12
	„	III	6	10	12
	„	IV	14	53	29
	„	V	5	29	33
			35	116	95

The cases of Scarlet Fever were all of a mild type.

One case notified as Scarlet Fever was really a case of Acute Osteomyelitis of the Tibia. This case proved fatal in spite of operation,

Nine cases were removed to Isolation Hospital.

I wish to call the attention of all practitioners to the prompt notification of this disease.

The method of disinfection employed is a modification of that advocated by Dr. Robert Milne, but Formamint Tablets are used for the throat instead of Carbolic Acid solution. Immediately upon receipt of the notification of a case of Scarlet Fever, the house is visited, and the parent or nurse in charge of the patient is instructed as regards isolation and disinfection. A four ounce bottle of Eucalyptus and Olive Oil, and a tube of Formamint Tablets, are supplied with full instructions as to their use.

Owing to the overcrowded nature of a great many houses, efficient home isolation is difficult. All cases of Scarlet Fever in our crowded houses are removed to the Local Isolation Hospital.

Eucalyptus innuaction at home is, in my opinion, the best available alternative to complete isolation in hospital.

The age distribution of the cases can be seen from Table 12.

30 cases were notified in young persons between the age of 4 years and under 15 years.

Two cases occurred in adults over 20 years.

26 cases occurred in school children.

Diphtheria.

	1925	1924	1923	1922
Number of Cases notified	65	100	76	55
Number of Deaths	5	3	4	7
Death Rate per 1,000, Abertillery	·12	·07	·10	·17
England and Wales	·07	·06	·07	·11

The number of cases notified during 1925 was 65, as compared with 100 during the year 1924, and 76 during the year 1923

This shows a decrease of 35 cases over the previous year.

The number of cases notified each month, compared with the numbers notified monthly last year, can be seen from the following table.

MONTHLY NOTIFICATION OF DIPHTHERIA

	1925	1924	1923
January ...	9	7	8
February ...	8	4	3
March ...	1	8	4
April ...	2	11	11
May ...	2	10	11
June ...	4	9	8
July ...	3	11	9
August ...	6	6	6
September ...	2	12	1
October ...	9	5	7
November ...	8	10	3
December ...	11	7	5
	<hr/> 65	<hr/> 100	<hr/> 76

In the month of February, 1925, eight cases were notified as compared with four for the corresponding month in 1924, and in the months of October and December, 9 and 11 cases respectively were notified, as compared with 5 and 7 cases for the corresponding period of the previous year.

The Ward distribution was as follows :

			No. of cases.		
			1925	1924	1923
Ward I	...		3	3	14
„ II	...		7	3	8
„ III	...		13	10	16
„ IV	...		17	26	22
„ V	...		25	57	16
			65	100	76

The age distribution can be seen from Table No. 12. 57 cases occurred between the ages, 4 years to 15 years, 25 cases occurred in adults over 20 years of age,

Five deaths were certified as due to Diphtheria, four of the deaths occurred in the district, and one resident died outside the area.

As a whole the disease was of a mild nature, although there were quite a number of severe cases.

Diphtheria Antitoxin is supplied free to all necessitous cases, on request of local practitioners.

A stock of Antitoxin is kept at the Council Offices, Abertillery, and also at the Police Station, Llanhilleth.

Success in the treatment of Diphtheria depends on the promptness of administration of the Antitoxin. The result of a swab should not be awaited before administering the Antitoxin. If in any doubt give Antitoxin at once.

The Medical Practitioners in this area invariably give Antitoxin promptly.

Enteric Fever.

	1925	1924	1923	1922
Number of Cases Notified	4	7	8	7
Number of Deaths	1	2	2	1
Death Rate per 1,000, Abertillery	·02	·05	·05	·02
England and Wales	·01	·01	·01	·01

During the year four cases of Enteric Fever were notified, one of which proved fatal.

This patient was removed to your hospital in May. Enquiries revealed that he was a worker on the hot-rolls, and was constantly dipping his hands in sewage polluted water from the river which is led into the tin-plate works for cooling purposes. It is most likely that he got his infection from this source. The man had been ailing from the first week in April. This case was of the ambulant type to begin, and these cases as a rule turn out serious as the illness progresses, and this proved true in this instance. After making an apparent recovery he had a relapse, and for several weeks was seriously ill, but ultimately made a good recovery.

A case of Enteric Fever was notified from the Llanhilleth area in a female age 50 years. This case proved fatal.

The other two cases notified were cases of "Para-Typhoid B," and both of them made a good recovery. One of these cases was removed to hospital.

Memorandum.

The Registrar General has pleasure in furnishing, for the information of the Medical Officer of Health of the Urban District of Abertillery, the tabular statement below showing in the first column of figures the number of cases of certain infectious diseases notified during the year, as compiled from his returns, and in the second column case rates per 1,000 population from the same diseases in England and Wales during the year 1925.

Disease.	Cases notified in the District.	Case Rate per 1,000 living England & Wales
Small-Pox... ...	...	·14
Scarlet Fever ...	35	2·36
Diphtheria ...	65	1·23
Enteric Fever ...	4	·07
Puerperal Fever ...	3	·06
Erysipelas ...	7	·39

Tuberculosis.

The total number of cases of Tuberculosis notified during the year was 71, as compared with 63 cases during 1924.

Of this number, 51 cases were of a pulmonary type, and 20 cases of non-pulmonary type.

The following table gives in detail the monthly notifications of all cases of Tuberculosis.

MONTHLY NOTIFICATION OF TUBERCULOSIS.

Month of Year.	Total	Pulmonary.		Non-Pulmonary.	
		Males.	Females.	Males.	Females.
January ...	11	3	5	...	3
February ..	13	5	6	2	...
March ...	5	2	1	1	1
April ...	1	1	...	...	...
May ...	6	2	3	1	1
June ...	3	...	1	1	1
July ...	5	...	2	2	1
August ...	9	5	4	...	...
September...	4	2	1	...	1
October ...	6	1	3	...	2
November ...	6	1	3	1	1
December ...	2	...	...	...	2
Totals ...	71	22	29	7	13

Under the Public Health (Tuberculosis) Regulations, 1912, it is the duty of every Medical Practitioner to notify each patient suffering from Tuberculosis within 48 hours of his becoming aware that the patient was so affected.

In certain districts not 40% of the people dying from Tuberculosis have been notified. 65% of the deaths in your area occurred in notified cases.

The Minister views failure to perform this duty with much concern, and he has communicated directly with all Medical Practitioners.

The Tuberculosis Regulations expressly require that all notifications shall be regarded by the Medical Officer of Health and every person who has access thereto as confidential.

I pointed out the laxity of notification of Tuberculosis, and all medical practitioners in the area were written to on the subject, and since then there has been a considerable improvement.

35% of persons dying from Tuberculosis in this area last year were not notified.

According to the Registrar General's returns, 29 deaths were recorded from Pulmonary Tuberculosis, of which 12 occurred in males, and 17 in females.

11 deaths were recorded of the Non-Pulmonary type of the disease, 6 males and 5 females.

The local returns show 29 deaths from Pulmonary Tuberculosis, 11 in males, 15 in females—5 male deaths and 3 female deaths from Non-Pulmonary Tuberculosis.

To this number must be added 6 transferable deaths, 3 due to Pulmonary Tuberculosis (1 male and 2 females), and 3 to Non-Pulmonary Tuberculosis (1 male and 2 females). This makes a total of 40 deaths from Tuberculosis of all forms for the area—18 males and 22 females.

The following table analyses the deaths from Tuberculosis occurring in notified and non-notified cases with the monthly distribution.

It will be seen that of the 40 deaths from Tuberculosis registered locally, 22 cases of Pulmonary type, and 4 of Non-Pulmonary type were in notified cases, and 8 Pulmonary and 6 Non-Pulmonary were in non-notified cases.

DEATHS FROM TUBERCULOSIS.
MONTHLY DISTRIBUTION,

Month of Year	Total Deaths.		NOTIFIED CASES.				NON-NOTIFIED CASES.			
			Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Notified Cases.	Un-Notified	Males.	Females	Males.	Females	Males.	Females	Males.	Females
January	5	...	1	4	...	...	...	...	...	...
February	2	1	1	1	...	...	...	1	...	...
March	...	1	...	...	...	...	...	1	...	...
April	1	1	1	...	...	...	...	...	1	...
May	2	3	...	2	...	...	1	1	...	...
June	1	...	1	...	...	...	...	...	...	...
July	1	2	...	1	...	...	1	1	...	...
August	1	...	...	1	...	...	...	...	...	...
September	...	2	...	...	...	...	...	...	1	1
October	3	1	1	1	...	1	...	...	...	...
November	3	...	2	...	1	...	...	...	...	...
December	3	1	1	1	1	...	1	...	...	...
Outside District	4	2	1	1	1	1	...	1	...	1
Totals.	26	14	9	12	3	2	3	5	3	3

TUBERCULOSIS.

Age Periods of New Cases Notified and of
Mortality during 1925.

Age Periods in Years.	New Notifications.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	I	...	...	...	...	...	...	I
I	...	I	I	2	I	...	3	I
5	I	3	I	...	...	...	I	I
10	2	4	2	4	...	...	...	...
15	I	6	...	...	I	5	...	...
20	2	3	I	...	...	3	...	I
25	4	8	I	3	3	5	I	...
35	7	3	I	2	3	3	I	...
45	4	I	...	I	2	I	...	I
55	...	...	...	...	2	...	...	...
65+	...	...	...	I	...	...	...	...
Totals...	22	29	7	13	12	17	6	5
	51		20		29		11	

Dr. J. L. Thomas, Tuberculosis Physician, now attends at Abertillery Centre weekly, owing to the increased number of persons who are taking advantage of the facilities afforded by the Welsh National Memorial Association.

Dr. J. L. Thomas, Tuberculosis Physician, presents the following Report on Tuberculosis work in the Abertillery Urban District during the year 1925.

ABERTILLERY.

TUBERCULOSIS DISPENSARY.

Number of new cases examined during the year 1925	...	...	...	211
Number of new school cases examined during the year	...	...	...	71

Number diagnosed as suffering from				
(a) Pulmonary Tuberculosis	...			22
(b) Non-Pulmonary Tuberculosis				9
Total	...	...	...	31

Total number of patients examined at the Tuberculosis Dispensary			...	1071

1st, April to 31st, December 1925

Number of Patients admitted to Hospital	40
Number of patients admitted to Sanatorium	3
	—
Total	43

Special forms marked "C" and "D" are received each week from the County Medical Officer, and also from Medical Officers in charge of Tuberculosis Institutions informing me of the patients from this area admitted, or discharged, from various sanatoria during the week. These forms must be supplied under the Tuberculosis Regulations, 1912.

Form "C" contains details of cases admitted, and Form "D" details of cases discharged from the various Institutions.

The following table shows the total number of cases of Tuberculosis, both Pulmonary and Non-Pulmonary, admitted or discharged from sanatoria, etc., during the various months of the year.

	Admitted.				Discharged.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
January ...	...	1	...	2	2	2	2	...
February ...	5	5	...	2	3	5	...	1
March ...	2	...	1	...	...	1	...	3
April ...	2	3	1	1	3	3	3	...
May ...	1	3	2	2	...	2	...	...
June ...	...	2	...	1	1	2	...	2
July ...	...	...	1	1	4	3	1	1
August ...	1	1	...	1	...	1	...	2
September ...	2	1	...	...	1	...	...	1
October ...	2	3	...	...	2	3	...	2
November ...	...	1	...	...	3	1	1	...
December ...	2	1	...	...	3	...	...	...
	17	21	5	10	22	23	7	12
	53				64			

From above table you will note that fifty three cases of Tuberculosis—22 males and 31 females—were admitted to Institutions, and sixty-four cases—29 males and 35 females discharged.

The following table shows the various Institutions for the treatment of Tuberculosis at which patients from your area were treated during the year, together with the number admitted or discharged from each Institution.

T.B. Hospital or Sanatorium.	Pulmonary.				Non-Pulmonary.				
	Admitted.		Discharged		Admitted.		Discharged		
	M.	F.	M.	F.	M.	F.	M.	F.	
West Wales San., Llanbyther	...	1	...	1	...	..	...	...
Glan Ely	4	3	6	4	
Cefn-Mably	..	12	18	14	19	1	3	...	5
North Wales San., Llangwyfan	3	...	4	...	2	1	2
South Wales San., Talgarth	..	4	...	7	...	...	...	...	...
St. Bride's Hospital	1	...	1	...
Adelina Patti Hospital	1	...	...	...
	17	21	22	23	5	10	7	12	

Tuberculosis Care Committee.

A proper scheme for the formation of a Tuberculosis Care Committee is at present under consideration by the County Council, and when approved, local Tuberculosis Care Committees will be formed.

Erysipelas.

Seven cases of Erysipelas were notified during the year. These cases were of a mild nature and all made a good recovery.

Small Pox.

No case was notified during the year.

Puerperal Fever.

Three cases were notified.

Two cases occurred in Ward II, one of which unfortunately proved fatal.

The other case occurred in Ward V.

Encephalitis Lethargica.

Two cases of Encephalitis Lethargica, popularly known as "Sleeping Sickness," were notified during the year.

One case in a male aged 35 made a good recovery. The other case in a boy aged 11 years proved fatal. Both cases occurred in Ward II.

Cerebro-Spinal Meningitis.

One suspected case was notified in a boy, aged 4 years. The examination of the fluid proved negative—the case being one of Pneumonia associated with Meningitis.

Spinal puncture was performed and the Cerebro-Spinal fluid examined.

Ophthalmia Neonatorum.

For the purpose of notification the expression "Ophthalmia Neonatorum," means a purulent discharge from the eyes of an infant, commencing within twenty-one days from the date of birth.

Ten cases were notified, as compared with eleven last year.

Those cases were all visited, and although one of them was very severe, all made a good recovery without any impairment of vision.

I considered it advisable to have this case removed to Royal Gwent Hospital, Newport.

This disease is apt to cause ulceration of the cornea, and this condition is followed by visual impairment.

The County Council supply "eye-drops" to each Midwife in the area from the Maternity and Child Welfare Centres, and these "drops" are instilled into the eyes of the newly born child.

Ophthalmia Neonatorum is a highly preventable condition.

Three of the cases notified occurred in Ward I, two in Ward II, one in Ward III, two in Ward IV, and two in Ward V.

Ophthalmia Neonatorum.	Cases.			Vision un- impaired	Vision impaired	Total Blind- ness.	Death.
	Notified	Treated.					
		At Home	In Hospital				
	10	10	1	10	...	...	...

Measles.

Measles was made a notifiable disease on December 8th, 1925.

Just previous to this there had been a sudden increase in the number of cases in the area.

Fifty cases were notified in all.

Thirty-three of those cases (21 males and 12 females) occurred in children under five years of age.

Fourteen cases (7 males and 7 females) occurred in children over five years of age.

Six deaths were registered (4 males and 2 females) in this district as due to this disease.

All notified cases were visited by your staff.

At one time I was of the opinion the disease was going to assume a most virulent form.

Diarrhoea and Enteritis.

Eight deaths in all were registered as due to Diarrhoea and Enteritis in children under 2 years of age during 1925, as compared with 8 deaths in 1924. Three of those deaths were in male children, and five in female children.

Three out of the eight deaths were in children under one year of age.

The death-rate from this disease was 0·20 per 1 000. The method of stating the diarrhoeal death-rate in terms of the entire population, is especially open to objection, as about 80 per cent of the total deaths from Diarrhoea occur under one year of age. It would be a more accurate approximation to the truth if stated in terms of the number of births.

Handbills dealing with the methods of prevention of Diarrhoea and Enteritis are circulated throughout the area as required, and also bills dealing with the prevention of the Fly-Nuisance.

Influenza.

Nine deaths - 4 males and 5 females, were recorded during the year from this disease.

Pneumonia.

	1925	1924	1923	1922	1921
Number of Deaths (all forms)	31	49	37	53	37
Death-rate per 1,000,					
Abertillery ...	·78	1·24	1·20	1·31	·93

In 1925 thirty-one deaths were registered as due to Pneumonia (19 males and 12 females), and of these 7 occurred in children under one year of age.

Pneumonia and Acute Influenzal Pneumonia became notifiable diseases under the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations, 1919. The Regulations operated from 1st March, 1919.

Notice was duly given to all Medical Practitioners in the area of the duties imposed upon them by these Regulations, and their special attention has again been called to the fact that cases of Acute Pneumonia and Influenzal Pneumonia were notifiable diseases.

Eight cases of Pneumonia were notified during the year, and of these 5 were in males and 3 were in females.

The 8 cases reported are only an approximate number of the cases of Pneumonia which occurred in your area, as practitioners have not yet got into the way of notifying all cases but with time the notifications will be more complete.

All cases of Pneumonia notified were visited by the Nurse.

MONTHLY NOTIFICATION OF PNEUMONIA.

		Males.	Females.	Total.
January	...	2	1	3
February	...	1	—	1
March	...	1	—	1
April	...	—	—	—
May	...	—	1	1
June	...	1	—	1
July	...	—	1	1
August	...	—	—	—
September	...	—	—	—
October	...	—	—	—
November	...	—	—	—
December	...	—	—	—
		5	3	8

Cancer.

In view of the great and increasing amount of suffering and deaths due to Cancer, and the public concern evinced by its prevalence; the failure to find a preventive or cure for it, and the enquiries made by Local Health Authorities as to steps which they can usefully take and disseminate information, the Ministry have prepared a short Memorandum on Cancer.

In this memorandum they dealt with:—

1. Characteristic features and natural course of the disease.
2. Extent of Cancer—mortality rate increase. The death-rate from Cancer increased 20% from 1901 to 1921.
3. Proclivity to Cancer.
4. Chronic irritation as a determining factor in the appearance of Cancer.

5. Preventive Measures.
6. Diagnosis of Cancer.
7. Treatment.
8. Local Health Authorities and Cancer question.
 - (1) Propaganda.
 - (2) Facilities for diagnosis and treatment.

DEATHS FROM CANCER.

(Sex and Age Distribution).

Ages	Males.	Females.	Total.
30-35	—	—	—
35-45	3	—	3
45-55	4	6	10
55-65	2	4	6
65-75	8	3	11
75-85	—	1	1
	17	14	31

Isolation Hospital.

The following cases were treated at the Isolation Hospital during the year 1925.

Disease.	Patients in Hospital January, 1925.	Cases admitted during Year.	Cases discharged during Year.	Cases in Hospital at end of Year.	Deaths.
Scarlet Fever	4	9	13	...	...
Enteric Fever	...	4	2	...	2
Diphtheria ...	1	8	9	...	...
Total ...	5	21	24	...	2

Increased Isolation Hospital accommodation is required.

All cases of Scarlet Fever and Diphtheria treated in Hospital made good recoveries.

A new road to the hospital is urgently required, as the coal hauling over the present road has made it impossible to take the Ambulance over it. Consequently patients have to be carried up part of the way on stretcher.

Four cases of Enteric Fever were admitted—two from our own area, and two from Blaina.

Of the two cases from your area, one was a case of Paratyphoid B, of a mild nature, and the other was a severe case of Typhoid Fever in a Tin-Worker—both made good recoveries.

The two cases which came from Blaina area were of a most malignant nature, and both cases proved fatal.

Temporary Nursing help was engaged for the hospital as circumstances required.

Conferences have been held between the Urban Authorities of Brynmawr, Nantyglo and Blaina, and Abertillery, *re* the provision of a Joint Isolation Hospital to meet the needs of the three localities. The County Council have also been approached.

The Local Authority also decided during the year to purchase a Motor Ambulance for the removal of infectious cases.

The following is a Table showing the total number of infectious diseases notified during the past five years, and the actual number of cases treated at the local Isolation Hospital during each of those five years.

NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED
DURING EACH YEAR.

Notifiable Diseases.	1921	1922	1923	1924	1925	Total.
Scarlet Fever ...	204	107	95	116	35	557
Enteric Fever ...	2	7	8	7	4	28
Puerperal Fever ...	1	1	1	3	3	9
Diphtheria ...	56	55	76	100	65	352
Erysipelas ...	4	5	7	3	7	26
Cerebro-Spinal Meningitis ...	1	...	...	...	...	1
Ophthalmia Neonatorum ...	11	23	7	11	10	62
Pulmonary Tuberculosis ...	21	70	45	43	51	230
Other Forms T.B. ...	6	23	28	21	19	97
Chicken Pox ...	...	...	87	63	...	150
Small Pox ...	...	...	1	...	...	1
Pneumonia (all forms) ...	59	67	36	16	8	186
Encephalitis Lethargica ...	...	..	...	3	1	4

INFECTIOUS DISEASES TREATED AT HOSPITAL,
1921—1925.

Diseases.	1921	1922	1923	1924	1925	Total.
Scarlet Fever ..	78	25	17	46	13	179
Enteric Fever ...	...	4	4	4	4	16
Puerperal Fever ...	1	...	...	...	...	1
Diphtheria ...	3	8	3	15	9	38
Small Pox ...	...	...	1	...	...	1
Measles ...	...	...	1	...	...	1
Pneumonia (all forms) ...	1	...	...	...	...	1
Chicken Pox ...	...	...	1	...	...	1
Total Cases each year ...	83	37	27	65	26	238
Actual Expenditure ...	£973	£1006	£610	£580	£531	...
Estimated Expenditure per Estimate submitted and approved by Council ...	£1151	£1056	£886	£738	£796	...
Product of Id. Rate ...	£610	£708	£640	£600	£568	...
Actual Rate per £ for upkeep of Hospital ...	1·6d	1·5d.	·95d.	1·5d.	1·5d.	...

Public Mortuary and Post-Mortem Room.

A small Public Mortuary is situate in Castle Street, and is controlled by special Bye-laws. It does not provide for the due separation of the bodies of different sexes, or for persons dying from infectious diseases, or for post-mortem examinations. The Conneil will have to consider the erection of a suitable mortuary to meet these deficiencies. In addition to the ordinary proportion of suicides, etc., it frequently happens in this district that post-mortem examinations require to be made, on account of the occurence of deaths which may have been due to colliery accidents. It is very undesirable that such examinations should be conducted in small private houses, and therefore it is necessary that a properly constructed and fitted post-mortem room should be provided.

The Council has had the provision of a new mortuary and post-mortem room under consideration, but owing to anticipated new legislation and the financial position they deemed it unwise to proceed further meantime.

Summary of Nursing Arrangements, Hospitals, and other Institutions available for the District.

PROFESSIONAL NURSING IN THE HOME.

(1) *General.* There is no local voluntary Nursing Association in this area, and any nurses engaged must be employed by the individual concerned.

In connection with one of the collieries there is a special fund for providing nursing assistance to the men engaged therein when necessary, but this facility is not extended to their dependants.

(2) *For Infectious Diseases, e.g., Measles, etc.*—This may be done by the Local Authority should necessity demand such action.

In this area some scheme of voluntary nursing should be adopted, as it is a long-felt want. Some years ago there was a movement on foot to establish such a scheme, but owing to the war the negotiations were discontinued.

Midwives.—The midwives are under the control of the County Council. A special lady inspector visits the midwives at regular intervals, also when the occasion demands.

**Clinic and Treatment Centres.
Maternity and Child Welfare Centres.
(Consultation and Treatment).**

These Maternity and Child Welfare Clinics are flourishing in our area under the control of a Local Committee responsible to the County Council. One centre is situate at Abertillery, one at Six Bells and one at Llanhilleth. The first centre established was at Abertillery, and this proved so successful that another centre was formed at Llanhilleth, and the most recent one at Six Bells. Aberbeeg and Cwmillery areas are desirous of having a centre of their own, but all development on this side is held up meantime.

The Abertillery Centre is held at the Powell's Tillery Institute on Fridays, from 9 a.m. till 4 p.m., one doctor being in attendance, assisted by three nurses.

The Six Bells Centre is held at the Primitive Methodist Chapel, High Street, on Wednesday afternoons.

The Llanhilleth Centre is held at the Workmen's Hall on Monday afternoons.

The accommodation at the three Centres consist of a waiting-room, weighing-room, and consulting room.

The premises are taken by the County Council at weekly rentals, and the accommodation provided is only temporary.

The Ante-natal Clinic at Crumlin is held at the Clinic, 4, Hafodyrynys Road, Crumlin.

It is open every Friday from 2 to 4 p.m. The accommodation consists of a waiting-room and consulting room for ante-natal cases, and in addition, there are three rooms used for the ordinary purposes of the Infant Welfare Centre.

Day Nurseries—The industry in this area is mostly coal-mining, and little or no female labour is employed apart from the laundry and the tinworks. There is no demand for an institution of this kind.

School Clinics.—See Table.

Tuberculosis Centre—This is situate at The Waverley Hotel, where the Tuberculosis Physician attends on Wednesday of each week. The Tuberculosis Centre at Abertillery is now a very busy Centre, and patients should attend before 11 a.m. and have the time of their appointment fixed, and so prevent a tedious wait of several hours.

Veneral Disease Centre.—The Clinic is under the control of the County Council, and is attached to the Royal Gwent Hospital at Newport.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR COUNTY COUNCIL.

(1). *Tuberculosis*.—All accommodation for this disease is under the control of the Welsh National Memorial Tuberculosis Association.

There is no local hospital accommodation for Tuberculosis.

(3) *Maternity*.—There is no provision in the County for maternity cases. Some provision of this kind is urgently needed. The County Council are making the necessary provision.

(3) *Children*.—There is no local children's hospital. Special beds are provided at Aberbeeg Hospital.

(4) *Fever*.—See under Isolation Hospital.

(5) *Small-Pox*.—The Isolation Hospital at Abertillery was originally built for a Small-Pox Hospital, and any cases that have occurred have been isolated there. Small-Pox hospital accommodation was provided by the County Council at Llanfoist.

(6) *Other*.—The Local Authority contribute £10 per annum to the Royal Gwent Hospital for the benefit of their employees.

The hospital at Aberbeeg is now opened for the reception of patients, and contains about 40 beds.

The hospital is supported by poundage contributions, levied weekly on the colliery workmen and others.

The Ebbw Vale Company contribute a further twenty-five per cent to the total contributions.

It was primarily intended as an Accident Hospital, but owing to change of policy it has been opened as a General Surgical Hospital with out-patient departments for eye, throat, nose and ear, X-Ray work, diseases of Women, and Dental Clinic.

ANY INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ETC., IN THE DISTRICT.

No institutional provisions exist in the district for unmarried mothers illegitimate infants, or homeless children, but the Board of Guardians deal with some of these cases at their hospital and children's homes at Tredegar, and other unmarried mothers are accommodated at Nantyberry.

Maternity and Child Welfare Centres.	Where Situate.	Nature of Accommodation.	By Whom Provided.
1. Abertillery ...	Powell's Tillery Institute	One Consulting Room and two other Rooms	County Council
2. Llanhilleth ...	Workmen's Institute	One Consulting Room and two other Rooms	
3. Six Bells ..	Primitive Methodist Chapel	ditto	
Ante-natal Clinic	4, Hafodyrynys Road, Crumlin	Consulting and Waiting-room	County Council
School and Dental Clinics			
1. Abertillery ...	Council Offices, Abertillery	Waiting-room Treatment Clinic, Dark Room for Eye- sight and Inspection Clinic Room	Abertillery Urban District Council
2. Llanhilleth ..	Workmen's Hall, Llanhilleth	Waiting Room, Treatment Room, other Room	
3. Crumlin ...	Crown School, Crumlin	Class-room	
Tuberculosis Centre	Waverley Hotel, Abertillery	Consulting and Waiting Room	Welsh National Memorial Assoc. for Tuberculosis

Ambulance Facilities.

(a) *For Infectious Diseases.* — The Council has an Ambulance for the removal of the above cases. It has been in use for many years, and its design is entirely out-of-date. I recommended recently the purchase of a new motor ambulance, and the Council agreed to this suggestion.

(b) *For Non-Infectious and Accident Cases.* There are two motor ambulances owned by the Colliery Companies, one stationed at the Arael Griffin Colliery in Six Bells, and the other kept at the Cwmtillery Colliery. A horse ambulance is also kept by the Powell's Tillery Colliery.

The Order of the Hospital of St. John of Jerusalem have a motor ambulance service with headquarters at Newport, and these ambulances are always available for transfer of sick to and from hospital at stated charges.

Laboratory Work.

A Laboratory was built and equipped by the Council in the background of the Council Offices during the year 1910. The Laboratory consists of two rooms. The larger is used for chemical and microscopic work, and the smaller contains sterilizers, fume chambers, incubators, and water still, etc. The Council offers to the medical practitioners of the district free examination of pathological specimens with a view to assisting in or confirming the diagnosis of diphtheria, enteric fever, tuberculosis, ringworm, etc.

The necessary outfits are supplied on request to all medical men in the area.

During the year the following specimens were examined:—

		Number of Specimens. Positive. Negative.	
For Widal Tests	...	7	4
Swabs for Diphtheria	...	76	47
For Tubercle Bacilli			
Sputum	...	10	5
Urine	...	1	1

		Number of		
		Specimens.	Positive.	Negative.
Urine				
For Pus, etc.	...	3	2	1
For Gonococci	...	1	1	—
Swabs for Gonococci	..	10	8	2
Hair for Ringworm	...	8	6	2
		116	73	43

Most of the ringworm specimens were taken from school children.

Water Supply.

No complaints were received during the year concerning the quality of the supply of water from the Grwyne Fawr Reservoir. Several complaints were received, especially from the lower part of the area, concerning shortage of supply, and this after a time was remedied.

Considerable complaint was made by the residents in the Six Bells area about the supply of water from the local springs.

This has now been remedied.

Several other subsidiary supplies were also examined, chemically and bacteriologically, and necessary steps taken to prevent their use where suspicion existed as regards their purity.

Once the Grwyne Fawr Scheme is completed all subsidiary supplies for potable purpose will be done away with.

Grwyne Fawr Reservoir.

Good progress was continued with the construction of the masonry dam during 1925, 20,973 cubic yards of masonry being put in.

The height of the dam is now 130 feet above stream level, which is 21 feet below the overflow sill. The estimated quantity of masonry required to complete the work is about 29,900 cubic yards.

A commencement has been made with the building of the piers on the top of the dam, for carrying the arched roadway overhead.

The average number of men engaged during the past year was 435.

85 men from the Board's District are engaged at the quarry under the Unemployment Scheme, and the Board was successful in getting the grant of 60 per cent. of the wages increased to 75 per cent., by the Unemployment Grants Committee.

The period for this grant expires in March, 1926, but it is hoped to obtain a further extension.

Bye-Laws and Regulations.

The Council have made Bye-Laws and Regulations as regards the following:—

1. New Streets and Buildings.
2. Swimming Baths and Pleasure Grounds.
3. Waterworks.
4. Tents, Vans, and Sheds
5. Employment of Children.
6. Dairies, Cowsheds, and Milkshops.
7. Houses Let in Lodgings.
8. Slaughter Houses.
9. Nuisances.
10. Cleansing Footpaths, etc.
11. Removal of House Refuse.
12. New Streets.
13. Management of Mortuary.
14. Management of Cemetery.
15. Fish and Chip Potatoe Fryers.
15. Dealers in Rags, Bones, and Rabbit Skins.
17. Fire Brigade.

The Bye-Laws numbered 8 to 15 were revised or newly-adopted during 1911.

Adopted and Local Acts.

The Local Acts of Parliament are :—

1. The Abertillery Local Board (Gas and Water) Act, 1894.
2. The Electric Lighting Order and Confirmation Act, 1901.
3. The Abertillery Urban District Council Act, 1902.
4. The Western Valleys (Mon.) Sewerage Board Act, 1903.
5. The Abertillery and District Water Board Act, 1910.

The following Acts have been adopted :—

1. The Baths and Wash-houses Act, 1846 to 1882.
2. Part III of the Public Health Acts Amendment Acts, 1890, relating to Sanitary and other Conveniences, and Part IV relating to Music and Dancing.
3. Parts II, III, IV, V and VI of the Public Health Acts Amendment Act, 1907.
4. The Private Streets Works Acts, 1892.

SHOP HOURS ACT.—The businesses controlled by the provisions of the Act, are :—

1. Barbers
2. Boot and Shoe Dealers.

Public Health Staff.

SANITARY STAFF.

Medical Officer of Health	-	T. Baillie Smith, M.B., Ch.B., D.P.H. (Camb.)
Senior Inspector	-	Frank Padfield, C.R.S.I., M.S.I.A.
Inspector	-	J. E. Blissett, A.R.S.I., M.I.
Disinfectors	-	W. Sailes
Matron Isolation Hospital	-	Nurse Richards
Clerk to the Medical Officer	-	Stanley E. Thomas
Health Visitor	-	Miss M. E. Hayes, Cert. Fever and Tuberculosis Training

The Medical Officer of Health is a full-time Medical Officer, and holds the degree of M.B., Ch.B., with Commendation, Glasgow, 1906, D.P.H. Cambridge, 1910, and also studied Medicine and Surgery in Paris Hospitals after Graduating for a period of eighteen months.

Frank Padfield, C.R.S.I., M.S.I.A., the Chief Sanitary Inspector, has been on the staff of the Council for over 25 years, and previous to this appointment he was a Councillor.

J. E. Blissett, M.I., A.R.S.I., began as Clerk (Shorthand and Typist) to the late Medical Officer of Health in the year 1910. He studied and obtained the Certificate of the Royal Sanitary Institute in 1911, and later attended a Course of Meat and Food Inspection, the Diploma of which he obtained in 1914.

W. Sailes acts as Disinfectors.

Nurse M. A. Richards is the Matron in charge of the Fever Hospital, and holds the Certificate of Fever Training.

Stanley E. Thomas, the Clerk, is an expert Shorthand Writer and Typist, and has been on the staff since 1912.

Nurse M. E. Hayes, who devotes two half-days per week to health visiting, holds Certificates for Fever and Tuberculosis Training.

I may point out that this is an area with a population of 39,260 inhabitants, and from the above it will be seen that the department is grossly understaffed.

Housing.

I.—GENERAL HOUSING CONDITIONS IN THE AREA.

(1). General Housing Conditions.

There is room for great improvement in the general housing conditions.

(2). (a). Extent of shortage or excess of Houses.

This matter is rather difficult to estimate at the present moment owing to changes which have occurred in the area, due to the temporary stoppage of three of the principal collieries. Many families and individuals have left the district for the Nottingham and Yorkshire Coalfields especially, but it must be borne in mind that new families have also come into the district. Other families have emigrated further afield.

From enquiries made a great many of these movements apparently are only of a temporary nature, and when the collieries restart it is probable a great many of these families may return.

There is still a great shortage.

(b). Measures taken or contemplated to meet any shortage.

Here again I must mention the fact that owing to the unsettled state of the coal industry, and other reasons, there is meantime no indication of private enterprise endeavouring to erect new houses in this area.

I recommended the Local Authority to build one hundred houses in the lower part of the area, but I understand that the Ministry of Health would not sanction the scheme.

(3). Information as to any important changes in population during the period under review, or anticipated in the future.

Mining developement in the top end of this area has reached its maximum, and here, there will be no sudden increase in the population. The newer coal-fields exist in the lower part of the area, although the actual collieries are im-

mediately outside the Urban area. A new colliery may ultimately be sunk at Aberbeeg.

To these collieries a number of men travel a considerable distance, and no doubt if increased housing accommodation was provided in the lower part of the area, as suggested by the Council, these houses would be eagerly taken up,

(II). OVERCROWDING.

(1). Considerable overcrowding exists. In 519 houses systematically inspected, the average number of persons per house was 5·89.

According to the 1921 Census Returns, there were 1242 dwellings of varying sizes occupied by two separate families, and 53 dwellings occupied by three or more private families

(2). Causes.

The unfortunate economic position of the principal industry, and consequently of the workers engaged therein.

Lack of provision by private enterprise or otherwise of suitable dwellings.

(3). Measures taken or contemplated for dealing with overcrowding.

The Sanitary Officers deal with individual cases of overcrowding as they arise, apart from this nothing is being done or contemplated at present.

(4). Principal cases of overcrowding during the year 1925, and action taken.

A number of cases were discovered where 10 to 15 persons were occupying a five roomed house.

Notices were served to abate overcrowding under the Public Health Act, and some of the occupants forced to quit.

(III). FITNESS OF HOUSES.

(1). (a). General standard of Housing in the area.

The general standard of Housing is good, and may be compared favourably with cottage property in any industrial district.

(b). General Character of Defects.

There are approximately 150 houses unfit which cannot be made fit for human habitation except at prohibitive costs. Classified as follows :—

1. Under houses, where the bedrooms are against the banks, and have only light and ventilation through a small grating in the street pavement. These are very damp and dark.

2. Wooden houses that are very dilapidated, and are beyond repair for all practical purposes.

3. Stone houses built without damp courses, with very low ceilings, especially in bedrooms. The windows are very small. In the bedroom there is no proper ceilings. The undersides of the stone roof tiles are rough plastered in some cases. This type of house is dark, damp and cold, the bedrooms have no fire grates. The stairs are of the circular stone type which are very dangerous. The entrance to the inner room is through the one on the top of the stairs.

4. Houses badly broken by colliery subsidence. Walls cracked, ceilings broken, windows broken, floors broken, roofs leaky, drains broken, etc.

(2). General Action taken, etc.

(a). Notices are served under the Public Health Act to keep roofs, windows, floors, drains, etc., in a fair state of repair.

(b). In extreme cases notice to close the premises, under the Housing Acts.

(3). Difficulties found in remedying unfitness.

In some cases the owners of cottage property are so impoverished by arrears of rent that they have no money for repairs.

In other cases the futility of repairs is doubtful because of active subsidence which renders the cost useless in a short time.

In some cases the short unexpired terms of the lease, and the exorbitant prices demanded by the ground landlord for renewal, prohibits any effort to keep the property in repair.

Special Suggestions for Improvements.

1. Compensation for damage by subsidence.
2. Legislation to compel land-owners to renew leases on reasonable terms.

(4). The water supply is good, and (except in times of unusual drought) sufficient. About 98% of the houses are supplied from the mains.

The district is well served, and except in a few cases there is a water closet in each house.

Daily Scavenging is adopted in nearly all parts of the districts, and the refuse collected by direct labour.

The Council has a Refuse Destructor which deals with the major portion of the refuse, a smaller quantity is taken to dumps.

(IV) UNHEALTHY AREAS.

No action taken, and no unhealthy areas scheduled.

(V). BYE-LAWS RELATING TO HOUSES.

A new series have recently been adopted. We have no special difficulty in working such Bye-Laws.

Houses let in Lodgings, Tents, Vans, Sheds, etc.

No houses let in lodgings are registered.

No special difficulty is yet found in executing Bye-laws with regard to tents, vans, sheds, etc.

There appears to be no immediate necessity for new Bye-laws dealing with these matters.

(V). GENERAL AND MISCELLANEOUS.

Overcrowding is dealt with as far as possible under existing housing conditions.

The Sanitary Inspectors' records provide the necessary information with regard to the proper use of household fittings, e.g., sinks, water-closets, refuse disposal, etc.

Number of new houses erected during the year :—

(a). Total	...	...	...	...	Nil
(b). As part of a municipal housing scheme	...				Nil

1. *Unfit Dwelling Houses.*

Inspection.—1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)					
	...	...	...	...	1984
2. Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	521
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	150
4. Number of dwelling-houses (exclusive of those referred to under the preceeding sub-heading) found not to be in all respects fit for human habitation	...	...	...	...	412

2. *Remedy of Defects without Service of Formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal notice by the Local Authority or their Officers				
...	...	...	...	418

3. *Action under Statutory Powers.*

A.—Proceedings under Section 3 of the Housing Town Planning, etc., 1925				
...	...	...	...	Nil
1. Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	Nil
2. Number of dwelling-houses which were rendered fit :—				
a. by Owners	..	...	...	Nil
b. by Local Authority in default of Owners	...	...	...	Nil
3. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declaration by owners of intention to close	...	...	...	Nil

B—Proceedings under Public Health Acts.

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	..	412
2. Number of dwelling-houses in which defects were remedied :				
(a) by Owners	..	...	...	412
(b) by Local Authority in default of Owners	...	...	...	6

C. Proceedings under Section 11, 14, and 15 of the Housing, Town Planning, etc., Act, 1925 :

1. Number of representations made with a view to the making of Closing Orders	...	2
2. Number of dwelling-houses in respect of which Closing Orders were made	...	2
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...	Nil
4. Number of dwelling-houses in respect of which Demolition Orders were made	...	Nil
5. Number of dwelling-houses demolished in pursuance of Demolition Orders	...	Nil

Subsidence.

Subsidence due to Colliery working is causing considerable damage to house property and other buildings in this area. Special photographs were taken of the extensive damage done in certain properties.

A detailed report was presented to the Council by Frank Padfield, Esq. Sanitary Inspector, and the Council took up a definite line of action. As a result special Inspectors visited this area, and in due course their report will be presented to the Ministry.

Drainage and Sewerage Disposal.

This has been fully dealt with in previous Reports.

The Western Valleys Sewerage Board controls the main trunk sewer. The subsidiary sewers are under the control of the Council, and have all been connected up to the main trunk sewer. A few houses at Hafodyrynys have not yet been provided for.

Scavenging.

A daily collection of house refuse takes place in the district. Horse transport is gradually being replaced by a motor service. The Council have at present two good ton chassis collecting refuse in certain areas, and if the experiment is a success this will be further extended.

The Sanitary Administration and Conditions for the year 1925.

The following tables show particulars of the work carried out by the Sanitary Staff :—

TABLE A.

Occupied dwellings systematically inspected	...	521
Occupied dwellings re-inspected	...	65
Visits to premises for special nuisances	...	1463
Re-visits	...	1051
Visits to dirty verminous houses	...	34
„ Cowsheds	...	33
„ Milkshops	...	199
„ Bakehouses	...	200
„ Slaughter-houses	...	344
„ Butchers' shops	...	2033
„ Fish, fruit and vegetable shops	...	1452
„ Fried fish shops	...	272
„ Marine Stores	...	49
„ Common Lodging-houses	...	63
„ Workshops	...	187

TABLE A.—*continued.*

Visits to Factories	...	...	...	160
„ Stables	...	...	...	160
„ Urinals	...	...	...	419
„ Rag flock	...	...	...	—
„ Water-works	...	...	...	18
„ Hospitals	...	...	...	45
„ Pig's styes	...	...	...	227
„ Buses	...	...	...	315
Total	...	...	...	9110

The nuisances were :

Defective Roofs, troughing, windows, etc.	...	...	225
Defective or insufficient yard paving	...	...	71
Damp walls, external	...	...	50
Insufficient light, ventilation, and other internal defects	...	...	187
Overcrowding	...	...	2
Choked or defective drainage...	...	...	56
Insufficient W.C. and slop-water drainage	...	...	43
Defective and insufficient closet accommodation	...	...	150
Insufficient water supply	...	...	14
Accumulation of manure	...	...	6
Miscellaneous nuisances, i.e., unfenced quarries, keeping of animals, etc....	...	...	98
Total	..	...	902

Many and varied were the nuisances discovered. In some cases the owners and occupiers were interviewed and the nuisances abated at once, and in other cases legal notices were served.

NOTICES SERVED.

Legal Notices served under the Public Health Act	187
Housing, Town Planning Act (closing order) ...	0
Factory and Workshop's Act ...	7
Dairies, Cowsheds and Milkshops Regulations (lime-washing) ...	48
Slaughter-houses Bye-laws (lime-washing) ...	20
Lodging-houses ...	6
Bakehouses ...	44
Removal of house refuse ...	309
Re Flushing W.C. pan and drains ...	204
Re Slop-water thrown on to Street ...	250
Total ...	1,075

INFECTIOUS DISEASES.

The visits paid to cases were as follows :—

Scarlet Fever ...	82
Diphtheria ...	106
Tuberculosis ...	84
Typhoid or Enteric Fever...	26
Measles ...	90
Chicken-Pox ...	28
Influenza Pneumonia ...	9
Erysipelas ...	3
Dysentery ...	1
Total ...	429

Every effort is being made to stamp out infectious diseases, and the following disinfections were carried out :—

Rooms, after Scarlet Fever ...	47
„ „ Diphtheria ...	73
„ „ Tuberculosis ...	25
„ „ Typhoid Fever ...	2
„ „ Verminous ...	19
„ „ Cancer ...	1
Special Disinfection of Schools ...	60
Total ...	227

Housing Town Planning Act, 1909.

The Inspections under this Act were as follows :—

TABLE E.
SYSTEMATIC INSPECTIONS FOR THE YEAR 1925.

Ward.	Dwellings Inspected.	Empty Houses, Shops, etc.	One Family.	Two Families.	Three Families.	Occupants.		Average.
						14	14 +	
1	5	...	5	...	...	12	20	6·4
2	301	...	196	102	3	818	1190	6·6
3	132	2	103	26	1	254	435	5·3
4	29	...	23	6	...	68	83	5·2
5	54	...	30	24	...	68	209	7·0
Total	521	2	357	158	4	1320	1737	5·89

Foods.**MILK SUPPLY.**

Certificates granted under the Milk and Dairies
(Amendment Act, 1922).

Granted During 1925	...	...	...	5
On register	...	...	...	42
Certified to sell Grade A (Tuberculin Tested)	...			1

(a). The Wholesomeness of Milk brought into the Area.

The greater part of the Milk Supply is brought into the district from Somerset, Devon, Gloucester, and Hereford Counties. The quality is generally good, and arrives in the district fairly clean, but occasionally dirty sediment is found in the churns, but this is now becoming rare.

The Wholesomeness of Milk produced in the Area.

There are no cows kept in sheds all the year round as there were years ago. The farmers on the hills and around the hill-sides keep about 100 cows. In several cases the cowsheds have been remodelled during recent years, and one new cowshed built instead of one that could not be altered to meet modern requirements. The Council are making an effort to have all cowsheds brought up-to-date, but until the new Regulations which were submitted to the Ministry for approval, are confirmed, it is difficult to deal with the owners and occupiers effectually.

The quality of the milk from the local farms is good, but it is not always possible to secure careful handling, yet the milk when purveyed is fairly clean.

The farms are occasionally inspected and the milk shops and dairies (purveyors depots) are periodically visited. Attention is paid to the methods of purveyors in the distribution of milk throughout the district.

(1). No action is taken as to tuberculosis milk and to tuberculosis cattle, but if any such should be found or sus-

pected, notification would at once be sent to the County Medical Officer of Health.

- | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| (1). | Action taken as to tuberculous milk and tuberculous cattle | ... | ... | Nil |
| (2). | Numbers of licences granted for the sale of milk under special designation, classified as in the Fourth Schedule to the Milk (Special Designation) Order, 1923; types of apparatus licensed for the pasteurisation of milk | ... | ... | 1 |
| (3). | Refusal or revocation of registration of retailers or of licences for graded milk with reasons for the refusal or revocation | ... | ... | Nil |
| (4). | The summarized results of the bacteriological examination of samples of graded and other milk | ... | ... | Nil |

(b). MEAT.

(1). The slaughterhouses are regularly visited and the carcasses and intestines are examined, and any found diseased are destroyed, either by burning or burying in the ground.

No arrangements have yet been made for "marking."

Special efforts are made to examine all animals slaughtered for human food in places other than licensed slaughterhouses.

Notice of slaughter was received for 209 pigs, 17 lambs, and one calf between April 8th, 1925, and December 31st, 1925.

We examined 95% of the pigs, all the lambs and one calf, and found them all good except some internal organs which were destroyed.

In March, 1925, copies of the Public Health (Meat) Regulations were distributed to all Slaughter-house Keepers, Butchers, and Grocers, etc., who sold bacon, notifying them that these Regulations would come into operation on April 1st.

Meetings were held between the Members of the Meat Traders' Association, Members of the Pig-keepers' Association, and the Sanitary Committee of the Council, when the provisions were explained and their assistance in carrying out the provisions solicited.

These meetings resulted in an endeavour on their part to carry out the Regulations and assist the Officers in carrying out their duties.

There appears a genuine desire on the part of the Meat-traders, butchers, pig-keepers, and farmers to supply meat clean and of a good quality.

The examination of pigs, sheep, etc., on private property means much extra work and many long journeys for the Sanitary Inspectors, but it creates public confidence in the meat supply and receives a better quality of meat produced by private keepers.

STALLS.

(2). In only one case have we had any difficulty with stall-holders. In this case, after warning the salesman, he abandoned his inefficient stall and purveyed his meat in a covered van open only at back.

SHOPS.

We experienced difficulty in preventing some butchers from having open windows on dusty days; but now movable glass windows are provided for the protection of the meat when necessary.

STORES AND VEHICLES.

We have no general Meat Stores in the area.

Attention is given to the cleanliness of vehicles, wrappers, etc., used for bringing meat into the district and for conveying meat from the slaughter-houses to the shops, and the conditions are fairly satisfactory.

The men who handle such meat are compelled to wear clean overalls.

(3). We have no public slaughter-house.

The following is a statement showing the number of private slaughter-houses in use in the area:—

	In 1920	In Jan., 1925.	In Dec., 1925.
Registered	Nil	Nil	Nil
Licensed	4	5	5
	<hr/>	<hr/>	<hr/>
Total	4	5	5

(c). OTHER FOODS.

Meat, fish and fruit shops are regularly visited, and the food exposed for sale or stored is examined.

Pork butcher's premises, where mince meat, etc., is prepared, receives attention.

Bake-houses are regularly inspected, and the sanitary conditions are noted and dealt with as required.

(d). No case of food poisoning was recorded in the district during 1925.

(e & f). The Sale of Food and Drugs Act, also Milk and Cream Regulations, 1912 and 1917, are administered in this area by the Monmouthshire County Council.

Food Inspection.

The following show the variety of Food Stuffs condemned :

Beef	...	...	244 lbs
Pigs' Plucks	...	...	5
Sheep's Carcase	...	...	1
Sheep's Pluck	...	...	3
Bovine Heads	...	...	1
Bovine Lungs	...	...	15
Bovine Livers	...	...	14
Bacon	...	...	42 lbs

Tinned Goods :

Fish	...	..	15 tins
Fruit	...	...	38 „

Milk	...	...	10 tins
Tomatoes	...	...	46 „
Tongue	...	...	2 „
Corned Beef	...	...	38 lbs.
Rabbit	...	...	1 tin
Pork	...	...	1 „
Vegetables	...	...	5 cwts.
Eggs	...	...	1 box

The following particulars have been supplied by Dr. Rocyn Jones, the County Medical Officer of Health.

The following is the list of samples taken in the Abertillery Urban District by the Inspector of Foods and Drugs during the year ended 31st December, 1925.

Milk	...	...	...	54
Lard	...	...	...	1
Rice	...	...	...	1
Cocoa	...	..	...	1
Egg Substitute	...	...	...	1
Table Jelly	...	...	...	1
Custard Powder	...	...	...	1
Peas	...	...	...	1
Self-Raising Flour	...	...	...	1
Demerara Sugar	...	...	...	1
Mixed Spice	...	...	...	1
Oatmeal	...	...	...	1
Fish Paste	...	...	...	1
				67

Adulterated Milk—1 (Deficient in fat 86%).

Factories and Workshops.

Annual Report of the Medical Officer of Health for the year 1925, for the Urban District of Abertillery, on the Administration of the Factory and Workshop Act, 1911, in connection with Factories, Workshops, Workplaces, and Homework.

I. INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES.

Including Inspections made by Sanitary Inspectors
or Inspectors of Nuisances.

Premises,	Inspections.	Number of Written Notices.	Prosecutions.
Factories (Including Factory Laundries)	160	3	—
Workshops (Including Workshop Laundries)	187	4	—
Workplaces (Other than Outworkers Premises included in Part 3 of this Report)	—	—	—
Total ...	347	7	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects.			Number of Prosecutions.	
	Found.	Remedied.	Referred to H.M. Insp.		
<i>Nuisances under the Public Health Acts :—</i> *					
Want of cleanliness ...	3	3	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	4	4	...	...
Sanitary accommodation {insufficient ...	...	...	...	...
{unsuitable or defective ...	...	..	...	...
{not separate for sexes ...	...	..	...	...
<i>Offences under the Factory and Workshop Acts :—</i>					
Illegal occupation of underground bakehouse (s. 101) ...	...	...	...	...
Breach of sanitary requirements for bakehouses (ss. 97 to 100) ...	...	...	...	...
Other offences— (Excluding offences relating to out- work which are included in Part 3 of this Report) ...	...	...	...	...
Total ..	7	7	...	...

* Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOMEWORK. None recognised.

4.—REGISTERED WORKSHOPS.

Workshops on Register at end of year.			Number
Dressmakers and Milliners	...	...	8
Shoemakers and Repairers	...	...	10
Tailors	...	...	3
Wheelwrights, Carpenters, etc.	...	...	15
Bakehouses (retail)	...	...	24
Saddlers and Harness Makers	...	...	3
Artificial Teeth Makers	...	...	6
Laundries	...	...	2
Motor Repairers	...	...	3
Printers	...	...	3
Undertakers	...	...	2
Total			79
Registered Fried Fish Shops			27

5.—OTHER MATTERS.

	Class.	No.
Matters notified to H.M. Inspector of Factories :		
Failure to affix Abstract of the Factory and Workshops Acts (s. 133, 1901)	...	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts, (s. 5, 1901) :		
Notified by H.M. Inspector	...	8
Reports (of action taken) sent to H.M. Inspector	...	8
Other	...	—
Underground Bakehouses (s. 101) in use at end of year		1

Model Lodging Houses.

These were inspected at regular intervals during the year, and any deviation from the bye-laws dealt with as required.

Meteorological Records.

SUMMARY OF DAILY RECORDS TAKEN AT NEW CEMETERY AND THE PARK, 1925.

MONTH.	THE PARK.		NEW CEMETERY.		
			Sunshine.	Temperature	
	Inches.	Rain Days	Hours.	Highest.	Lowest.
January ..	8.31	22	28.0	52.0	26.8
February ...	10.10	24	42.1	49.3	25.1
March ...	1.34	14	111.6	53.6	20.3
April ...	3.81	22	142.1	57.5	25.6
May ...	6.94	27	156.5	68.6	30.2
June ..	0.36	3	353.3	83.0	33.9
July ...	3.09	17	165.4	79.0	41.3
August ..	6.08	22	131.4	73.6	38.4
September ..	4.80	15	125.6	75.5	32.0
October ..	8.09	15	108.5	72.4	25.3
November ...	2.85	11	93.7	55.6	18.2
December ...	5.02	17	46.4	53.0	15.0

Total Inches for Year = 60.79. Rain Days = 209.

Total Hours of Sunshine = 1504 6.

Highest Temperature for Year = 83.0.

Lowest Temperature for Year = 15.0.

EDUCATION COMMITTEE.

Chairman	-	-	Councillor David Thomas
Vice-Chairman	-	-	Councillor D. Walters

All Members of the Council compose this Committee, together with the following Co-opted Members :—

Mrs. N. Bevan, Abertillery.

Mrs. E. Thayer, Llanhilleth.

Secretary	-	-	Arthur Llewellyn.
Assistant Secretary	-	-	Rees Rees.
Clerk	-	-	G. H. Williams.
Employment of Children Officer	-	-	D. T. Bond.

MEDICAL INSPECTION AND SCHOOL CLINIC
SUB-COMMITTEE.

Councillor W. Williams, *Chairman*.

Mrs. N. Bevan.

Mrs. E. Thayer.

George Barker, Esq., M.P.

Councillor F. Athay

„ J. T. Boots.

„ T. Mytton.

„ L. Elliott, J.P.

„ J. Snellgrove.

„ R. Downs.

„ W. Beynon.

„ J. Dixon

„ H. T. Spencer.

„ D. Thomas

„ D. Walters } *ex-officio*

MEDICAL DEPARTMENT STAFF.

School Medical Officer	-	T. Baillie Smith, M.B., Ch.B. (Glasgow), D.P.H. (Camb.)
Dental Surgeon	-	W. S. Hazell, L.D.S. (Eng.)
Dental Officer	-	Miss F. Mason, Registered Dentist (by Examination).
Clinic Nurse	-	Miss F. Mason, Cert. Trained Nurse, C.M.B.
School Nurse	-	Miss M. E. Hayes.
Clerk to Medical Officer	-	Stanley E. Thomas.
Supervisor of School Cleaning	-	Frank Padfield, C.R.S.I., M.S.I.A.

Abertillery Urban District Council

EDUCATION COMMITTEE.

To the Chairman and Members of the
Education Committee.

MR. CHAIRMAN, LADIES & GENTLEMEN,—

I have the honour to present to you the Annual Report
for the year ending 31st December, 1925.

The Schools.

Number and Accommodation.—The following Table gives
the number, etc., and total accommodation of the various
schools under the control of the Education Committee :—

Elementary Schools.

	Permanent Council Schools.	Permanent Non- Provided Schools.	Temporary Council Schools.	Total.
Number of Schools ...	13	1	1	15
Number of Departments ...	25	2	2	29
Number on Roll ...	7,023	321	357	7,701

School.		Accommodation.		Average Attendances.	
Abertillery Central	Boys	...	488	...	369
	Girls	...	396	...	347
	Infants	...	353	...	219
Church of England	Mixed	...	223	...	158
	Infants	...	177	...	129
Aberbeeg	Mixed	...	313	...	180
	Infants	...	114	...	72
Arael	Mixed	...	404	...	348
	Infants	...	168	...	122
Blaenan Gwent	Infants	...	300	...	232
Blaentillery	Mixed	...	484	...	409
	Infants	...	185	...	157
Brynhyfryd	Mixed	...	388	...	233
	Infants	...	174	...	149
Bryngwyn	Boys	...	350	...	315
Crumlin	Mixed	...	226	...	198
	Infants	...	179	...	72
Cwintillery	Boys	...	366	...	248
	Girls	...	333	...	242
Gellierug	Mixed	...	540	...	488
	Infants	...	396	...	211
Llanhilleth	Mixed	...	360	...	236
	Infants	...	169	...	113
Queen Street	Girls	...	348	...	291
	Infants	...	372	...	263
Six Bells	Mixed	...	324	...	260
	Infants	...	135	...	98
Ty'r Graig	Mixed	...	430	...	392
	Infants	...	330	...	204

Improvements and Repairs carried out during the year 1925.

In a Report upon Repairs to Schools by A. Gordon Jones, Esq., Inspector of School Buildings, I find that sundry repairs have been carried out to school furniture in all the schools in the area.

Windows have been refitted with glass where necessary, and ventilators attended to.

The lavatories in all the schools have received attention, and roofs and floors repaired where required.

Painting.

During the summer vacation, the following Schools were painted.

Bryngwyn Boys' (Including Wooden Classroom)	Inside and Outside
Ty'r Graig, Mixed and Infants	Outside only
Arael Mixed and Infants (Including Wooden Classroom, Army Hut and Cloakroom Annexe)	Outside only
Six Bells Mixed	Outside only
Brynhyfryd Mixed and Infants (Including Cookery Kitchen and Army Hut)	Outside only
Blaenau Gwent Infants...	Outside only

General.

During the twelve months, 515½ tons of coal, 35 tons of coke, 44 bags of firewood, and 55 gross of firelighters were distributed throughout the various schools.

Drains, roads, gullies, urinals, windows, shrubberies, and plantations were attended to periodically.

Supplies of disinfectants were given to the cleaners of each School.

Fourteen fire extinguishers have also been distributed.

Proposed Improvements to Schools.

Plans have been prepared and approved by the Committee for additional accommodation at Six Bells and Aberbeeg Schools, also for improved conditions at Crumlin School, but owing to the financial conditions, up to the present the Ministry of Health has refused sanction.

School Cleaning.

Special attention is paid to the work of school cleaning. Each cleaner is supplied with a schedule of duties dealing with the following points:—

DAILY DUTIES.—Lighting fires, spraying, sweeping, dusting, opening and closing of school premises, cleaning of lavatory basins, urinals, and w.c's.

WEEKLY DUTIES. Washing hearths, cloakrooms, urinals, closets, and the scrubbing of floors throughout once every two weeks.

MONTHLY DUTIES. Cleaning of glass doors, partitions, walls, and the washing of ink-wells, desks, blackboards, and enpboards, etc.

HOLIDAY DUTIES.—To give the whole school an extra cleaning during school holidays, including doors, window-frames, and wainscoting.

MISCELLANEOUS DUTIES.—Regulate the amount of light for cleaning purposes, waste of gas or water, screening cinders, and the general care of the premises.

These matters are reported upon each month by the Head Teachers, and a special report is made each month by the Supervisor of School Cleaners.

These reports are considered by the Medical Inspection and School Clinic Committee, and any failure on the part of the cleaners to carry out their instructions is noted, and the action taken by the officer is usually upheld.

By this system of control a good standard of cleaning is maintained, and the interest of the Education Committee is manifested in the improved type of cleaner appointed.

Special attention is paid to the efficient working of the drainage system throughout the schools.

In cases where it is known that an infectious patient has attended school, special disinfection of the premises is carried out as early as practicable, and the tops of desks sprayed with antiseptic solution.

Co-ordination.

2. Arrangements for the co-ordination of the work of the School Medical Service, with that of other Health Services :—

NURSERY SCHOOLS.—So far no Nursery Schools have been established, but I think the time has now arrived when this question should be discussed by the Education Committee.

INFANT AND CHILD WELFARE CENTRES. There are three Infant and Child Welfare Centres under the control of the Monmouthshire County Council held in your area.

Maternity and Child Welfare Centres	Where Situate.	Nature of Accommodation.	Weekly Session.
1. Abertillery ...	Powell's Tillery Institute	One Consulting Room and two other Rooms	Fridays 10 a.m. to 3 p.m.
2. Llanhilleth...	Workmen's Institute	ditto	Mondays 2 p m. to 5 p m.
3. Six Bells ...	Primitive Methodist Chapel	ditto	Wednesdays 2 p.m. to 5 p m

The above table shows the places where the Centres are held.

Two Health Visitors employed under the auspices of the Monmouthshire County Council are allocated for this particular work, with occasional help when necessary.

The children attending these Centres are mostly under two years of age, but quite a considerable number between the ages of 3 years and 5 years also attend.

The physically defective children are reported to the County Medical Officer, and where necessary, those cases are referred by him to the London Orthopaedic Hospital.

Three cases of cleft palate and hair-lip have been operated on this year, and two cases of club-foot congenital. A case of

partial paralysis of right and left lower limbs, following infantile paralysis, has also been admitted to the London Orthopaedic Centre for necessary suitable treatment. Two cases are awaiting operation—one with congenital malformation of both hands, and the other with congenital dislocation of both hips.

The mental defective children are also kept under observation.

The children suffering from the various forms of tuberculosis are referred to Dr. J. Lewis Thomas, Tuberculosis Physician.

The debilitated children, especially those in a pre-tubercular condition, and those suffering from rickets and its associated deformities, are carefully followed up by the Child Welfare Nurses.

The School Medical Service In relation to Public Elementary Schools.

3. SCHOOL HYGIENE.

Considerable care is given by the Education Committee to the hygienic conditions of the schools in the area. Most of the schools are of comparatively modern type, are efficiently ventilated and equipped, and its surroundings satisfactory. The Church of England School is very old-fashioned, and requires replacing by a modern and up-to-date school.

A new school within our area, both Mixed and Infants, is required at Crumlin.

The heating of a great many class-rooms in various schools throughout the area is deficient, and could be greatly improved. A system of central heating should be installed in some schools.

Sanitary conveniences and lavatories are up-to-date, and kept in a clean and satisfactory condition.

Cloak-rooms are attached to most schools, but there are no proper arrangements for the drying of children's clothing and boots.

Water supply for washing and drinking purposes is laid on to all schools, but in the summer months the supply occasionally falls short. The water supply to Bryngwyn Boys and Llanhilleth Mixed Schools could be greatly improved.

Medical Inspection.

4. Description of arrangements made and adopted for the Medical Inspection of children.

Organisation and Supervision.

The Clinic and Medical Inspection Committee control the Medical Inspection of School Children. The Medical Officer presents a report of the work done each month to this Committee, and also brings to their notice any relevant matter.

The School Nurse assist in the Medical Inspection.

Apparatus.

Each school, except two, is provided with a Weighing Machine, with height standard attached, so that height and weight may be taken together.

SCHEDULE.—Record Cards are kept in accordance with the Schedule recommended by the Board of Education, and additional spaces have been provided for recording special examinations and treatment carried out at the School and Dental Clinics.

Registers in which children are grouped according to sex and age are kept at the office for each school department. Columns are provided for recording the date of successive inspections and the medical history of the child. The registers are kept up-to-date by the head teachers supplying me with lists of entrants and leavers. A survey of the registers reveals at once the number of children that are due for medical inspection.

SCHOOL NURSES.—Prior to Medical Inspection arrangements are made for its due execution by the Nurse

visiting the head teachers. The presence of parents and the history of each child are recorded. The Nurse also weighs and measures the child.

School Arrangements.

It is always the desire of your Medical Officer to upset the school routine as little as possible. Special rooms ought to be provided in each school, and set apart for Medical inspection and other examinations of children, so that the examination could be carried out in absolute privacy.

Number of Visits.

The following visits were paid to the schools, and the homes of the children during 1925.

A. To Schools and Departments.

By Medical Officer :—

<i>a.</i>	For systematic inspection ...	103
<i>b.</i>	For re-inspections, special examinations, enquiries concerning infectious diseases, sanitary inspections, etc. ...	219

	Total ...	322

By School Nurse —

<i>a.</i>	To assist at systematic inspections ...	103
<i>b.</i>	For special inspections, enquiries, etc. ...	256

	Total ...	359

B. To Children's Homes

1.	By Medical Officer ...	156
2.	By School Nurses ...	230

	Total ...	386

The Schedule of the Board of Education for Medical Inspection is followed as closely as possible.

TABLE I.

Return of Medical Inspections for 1925.**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Code Group Inspections—

Entrants	...	...	...	837
Intermediates	...	...	...	790
Leavers	...	...	...	1187
Total				2814

Number of other Routine Inspections	...	194
-------------------------------------	-----	-----

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	950
Number of Re-Inspections	...	717
Total		1667

Medical Inspection Returns.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
1	2	3	4	5
Malnutrition	2	.	1	...
Uncleanliness : (See Table IV, Group V.)	...	...	2	2
SKIN :—				
Ringworm	.	.	.	.
Scalp	8	...	3	1
Body	2	..	1	...
Scabies	9	1	4	...
Impetigo	7	...	23	...
Other Diseases Non-T.B.	99	9	72	5
EYE :—				
Blepharitis	29	3	16	1
Conjunctivitis	28	2	30	1
Keratitis	3	1	2	2
Corneal Opacities	1	..	2	2
Defective Vision (excluding Squint)	272	4	10	...
Squint	54	5	17	7
Other Conditions	3	2	8	3
EAR :—				
Defective Hearing	72	14	13	...
Otitis Media	46	17	19	...
Other Ear Diseases	10	2	2	...
NOSE & THROAT :—				
Enlarged Tonsils only	274	79	25	20
Adenoids only	81	21	4	...
Enlarged Tonsils and Adenoids	91	15	75	20
Other Conditions	112	10	31	12
Enlarged Cervical Glands (Non-Tuberculous)	5	...	23	7
Defective Speech	53	7	4	2

TABLE II.—*Continued.*

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
1	2	3	4	5
TEETH :—				
Dental Diseases (see Table IV., Group V.)				
HEART & CIRCULATION :—				
Heart Disease—				
Organic	46	25	21	19
Functional	12	3	10	15
Anæmia	31	...	33	21
LUNGS :—				
Bronchitis	326	41	83	16
Other Non-Tuberculous Diseases	6	2	9	10
TUBERCULOSIS :—				
Pulmonary—				
Definite	6	2	7	2
Suspected	7	1	15	14
Non-Pulmonary—				
Glands	1	...	3	...
Spine ... ..	...	...	...	1
Hip ... ..	...	...	1	1
Other Bones and Joints	1	...	1	...
Skin	1	...	1	1
Other Forms	6	...	5	2
NERVOUS SYSTEM :—				
Epilepsy	5	...	7	4
Chorea	1	...	12	5
Other Conditions	8	4	15	7
DEFORMITIES :—				
Rickets ... ..	...	...	1	...
Spinal Curvature	2	...	1	1
Other Forms	24	5	10	4
Other Defects and Diseases	170	49	301	79

Medical Inspection Returns.

B. Number of Individual Children found at Routine Medical Inspection to require Treatment.
(excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children to require Treatment.
	Inspected	Found to Require Treatment.	
CODE GROUPS :			
Entrants	837	304	36.3
Intermediates ...	790	260	32.9
Leavers	1187	305	25.7
Total (Code Groups) ...	2814	869	30.8
Other Routine Inspections	194	49	25.2

MEDICAL INSPECTION RETURNS.

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys.	Girls.	Total.
BLIND (including partially blind)	(i) Suitable for training in a School or Class for the totally blind ...	...	...	...
	
	
		1	...	1
	
	(ii) Suitable for training in a School or Class for the partially blind	...	...	...
		...	1	1
	
	
	

TABLE III.—Continued.

		Boys.		Girls.		Total.
DEAF (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb ...	...	...	...	...	...
	Attending Certified Schools or Classes for the Deaf	...	2	1	3	...
	Attending Public Elementary Schools	...	...	...	...	...
	At other Institutions	...	...	...	...	...
	At no School or Institution	...	...	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf ...	...	...	...	...	...
	Attending Certified Schools or Classes for the Deaf	...	...	...	...	...
	Attending Public Elementary School	...	1	1	1	...
	At other Institutions	...	...	...	...	...
	At no School or Institution	...	...	...	...	...
MENTALLY DEFECTIVE	Attending Certified Schools for Mentally Defective Children	...	...	...	...	...
	Attending Public Elementary Schools	...	5	3	7	...
	At other Institutions	...	...	...	...	...
	At no School or Institution	...	2	1	3	...

Notified to the Local Control Authority during the year	Feeble-minded	...	...	...	...	...
	Imbeciles	...	...	...	...	...
	Idiots	...	1	...	...	1

TABLE III.—Continued.

		Boys.	Girls.	Total.	
EPILEPTICS.	Suffering from severe epilepsy ...	Attending Certified Special Schools for Epileptics	...	...
		In Institution other than Certified Special Schools	...	...
		Attending Public Elementary Schools	...	...
		At no School or Institution	1	3	
	Suffering from epilepsy which is not severe ...	Attending Public Elementary School	4	6	10
		At no School or Institution	1	...	1
	Infectious Pulmonary and Glandular Tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry or the Board	2	1	3
		At other Institutions	1	1	2
		At no School or Institution	2	2	4
	PHYSICALLY DEFECTIVE.	Non-infectious but active Pulmonary and Glandular Tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
At Certified Residential Open-Air Schools			...	...	...
At Certified Day Open-Air Schools			...	...	...
At Public Elementary Schools			1	1	2
At other Institutions			...	...	...
At no School or Institution			3	1	4

TABLE III.—*Continued.*

		Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (continued)	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.) ...	...	...	...
	At Certified Residential Open-Air Schools	...	...	...
	At Certified Day Open-Air Schools	...	...	...
	At Public Elementary Schools	12	10	22
	At other Institutions	...	...	...
	At no School or Institution	1	2	3
Active non-pulmonary tuberculosis ...	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	1	2
	At Public Elementary Schools	1	1	2
	At other Institutions	...	...	...
	At no School or Institution	1	1	2
Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease ...	At Certified Hospital Schools	...	...	...
	At Certified Residential Cripple Schools	3	6	9
	At Certified Day Cripple Schools	...	...	...
	At Public Elementary Schools	39	19	58
	At other Institutions	...	...	...
	At no School or Institution	3	2	5

Findings of Medical Inspection :—

5.—Review of the facts disclosed by Medical Inspection.

(a). UNCLEANLINESS.

53 girls and one boy were found on Medical Inspection with unclean heads.

10 boys were found with bodies unclean, and one girl only.

12 girls were found with bodies badly flea-bitten, and 13 boys were found in a similar condition.

The cleanliness of the heads and bodies of the children has shown great improvement since the institution of Medical Inspection. Naturally when the parents have warning of Medical Inspection, as they always have by notice, it follows that a great many of the "defaulters" are cleaned up for the occasion. The School Nurse pays regular visits to the various schools for the examination of the heads and clothing of the children without previous warning, and it is on those occasions that the children who are not cared for in this particular respect are found out. Taking the schools as a whole it is remarkable how clean and well cared for the majority of the children are. The families who cause the trouble are well known to your officers, and they are dealt with as occasion arises.

53 boys and 21 girls were found attending school whose clothing was very poor and deficient.

29 boys and 17 girls were found at school whose foot-gear was in a very bad state of repair. In a few cases the little children had practically no boots at all, so bad was the condition of their foot-gear.

The children as a whole were well clad and well "booted," but one fact was especially noticeable—the larger number of children attending school in canvas shoes. This is to be accounted for by the very trying economic conditions through which the industry in this valley has passed during the year under review.

On enquiring into the absence of children from school, one finds the reason given is that the children had not got boots in such state of repair to enable them to attend school, especially in inclement weather. The school attendance officers monthly reports also bring out the fact very vividly. It is a most unfortunate position, as the Education Authority loose considerably in grant from those absences, and the health of the little children suffer considerably from lack of suitable foot-gear.

I often think that it would be greatly to the advantage of education authorities if the Board of Education would allow them to supply boots after due enquiry, and with considerable discretion to those deserving cases who are the victims of economic circumstances. This would be to the advantage of the children, also the Authority.

A boot fund has recently been started by the Education Authority, and a large quantity of boots have been supplied.

(b). MINOR AILMENTS.

See Section 8 (a), and also Table, Group I, Minor Ailments.

(c). TONSILS AND ADENOIDS.

From a study of Table II will be seen the number of children who were found on Medical Inspection to be suffering from tonsils and adenoids, or adenoids only and other allied conditions. The figures do not need to be repeated here. The number of cases operated on will be observed in Table IV Group III.

The subject of tonsils and adenoids, and the facilities for treatment of same is reviewed later on in the report.

It is satisfactory to report that since the establishment of the hospital at Aberbeeg, these facilities have been brought to our door-step so to speak, and it is up to the general public to take full advantage.

Previous to the establishment of the hospital at Aberbeeg, it was very rare when examining the "entrants," to

find any of the scholars who had been operated on for tonsils and adenoids. It is now most satisfactory to find, that in nearly every school when this group is being examined, to find several of this age who have undergone the operation.

(d) TUBERCULOSIS.

The figures for the various forms of Tuberculosis will also be found in Table II, under routine and special inspections. Pulmonary Tuberculosis is not very often diagnosed on school inspection, most of the cases coming under the heading of Special Inspections. On routine medical inspection, the suspicious cases are gathered into that group called "Pre-tubercular," and by a system of following up, are gradually separated out into those who are suffering from Tuberculosis proper, and those, by far the larger group, who are not.

From Dr. J. Lewis 'Thomas' report on the work done at Tuberculosis Dispensary, you will observe that 71 new school cases were examined by him during the year. The School Medical Officer works in close harmony with the Tuberculosis Officers, refers the cases to them, and thus the cases receive attention at the earliest possible moment.

The local practitioners are also very much alive to this problem of tuberculosis in childhood, and many cases are referred by them to your Inspection Clinics for observation,

Younger children who have suffered from such debilitating diseases as Measles or Whooping Cough, especially if followed by Pneumonia or other complications, have to be carefully followed up for the onset of Tuberculosis, as those two diseases especially above all others, prepare the soil for invasion of the Tubercle bacillus. The early removal of Tonsils and Adenoids, and the system of breathing exercises as taught at Schools, are also powerful preventatives of respiratory diseases, and consequently of Tuberculosis.

It is most unfortunate that in this area, the Authority, through no fault of their own, have not been able to establish an open-air school. No doubt this will come in the near future.

(e) SKIN DISEASE.

Skin disease has been kept well under control as will be seen from the figures in Table II. Ring-worm showed a tendency to increase in two separate classes in two distinct schools. The scholars in those classes were inspected, and the "hidden" cases found out and dealt with, and following this there was no further increase.

Apart from ring-worm of the scalp, the skin disease found in the schools was mostly a mild nature and easily cured, apart from two cases of inveterate eczema, and two of psoriasis.

It is satisfactory to report that your school children are practically free of scabies.

It is only constant inspection, re-inspection, and exclusion, which accounts for this.

(f). EXTERNAL EYE DISEASE.

The external eye diseases mostly consisted of Blepharitis and Conjunctivitis, the numbers being less than in previous years.

Most cases of Conjunctivitis are met with in the spring and summer months, and none of them were of a severe nature.

A few cases of Blepharitis were of a chronic nature, and especially severe cases with palpebral thickening follow an epidemic of Measles.

Two cases of severe Corneal Ulceration were met with, both in members of the same family, and were due to congenital disease.

Four cases of "peg-teeth," associated with old corneal ulceration, were met with.

Congenital nystagmus was seen in two cases.

(g). VISION.

113 boys and 159 girls were found to be suffering from Defective Vision. In 59 of these cases squint was present.

When a child is found to be suffering from Defective Vision at school, this child is referred to the School Clinic, and the eyes are examined in the dark room for refractive errors, and where necessary, glasses are provided, or operation recommended according to condition found.

It is highly essential that all cases of squint should be attended to as early in life as possible, as the vision of the squinting eye gradually diminishes with time through non-use, and the squinting person practically becomes a 'one-eyed' person.

Suitable glasses alone, apart from operation, cures a large proportion of Squint.

Three cases of squint were treated successfully by atropine-drops being placed in the sound eye over suitable periods.

Cases of defective vision, after suitable spectacles have been prescribed, must be followed up carefully at intervals of three to six months to correct any alteration that may be required in the lenses. Children are very quick at recognising when glasses require changing, and there is no difficulty in getting them to come at suitable intervals.

(h). EAR DISEASE AND HEARING.

72 cases of defective hearing were found in children. Otitis Media was found in 46 cases. This common affection (running-ears) is usually produced by inflammation of the middle ear in the course of scarlet fever, pneumonia, measles, whooping-cough, etc., or by septic conditions of the throat. The disease has a great tendency to become chronic by involving the bones and cavities of the ear. The discharge may be infectious, and is sometimes very offensive.

Its early care is of great importance, for, if neglected, and the disease allowed to become chronic, it may lead to

permanent impairment of the hearing, and occasionally to complete deafness. When the disease extends to the mastoid antrum it becomes very serious, and then endangers life, and a serious operation is necessary to effect its cure.

The cases of defective hearing met with were mostly of an evanescent nature.

One case of complete deafness in a boy followed meningitis.

Another case of complete deafness was found in a little girl who was sent to a special school.

The cases of "running ears" met with are not nearly as severe as they used to be. This is probably accounted for by the fact that those cases are now receiving treatment much earlier than formerly, and by the fact that the cases of tonsils and adenoids, with which this disease is usually associated, are being operated on at an earlier age before any permanent damage is done.

(1). DENTAL DEFECTS.

If there is one thing more than another which stands out prominently when doing the medical inspection of school children, it is the great improvement in the teeth of the children. In the elder children especially, it is a pleasure to see the excellent condition of the teeth where satisfactory dental treatment has been provided in earlier school life. It is also rare now to hear any complaints of toothache which a few years ago was one of the commonest complaints met with. The school teachers have also been remarking on this. The dental scheme has been extended by the establishment of a new Dental Clinic at Llanhilleth. The Clinic commenced in April, 1925, and already great advantage is being taken of it. Some difficulty is experienced in getting the mothers to bring the younger children unless they suffer from toothache, but this difficulty is gradually being overcome.

Many of the older children now come of their own accord for dental treatment, especially fillings. As the scheme

evolves and more time is devoted to inspection, re-inspection, and treatment, much of the leaway will be made up, and better results still will be obtained in the immediate future.

Personally, I consider that money spent in the prevention treatment of early dental disease well invested money, and repays many times over for the care, work, and energy put into it.

That dental disease is preventable, and well worth tackling on a much larger scale, has been demonstrated again and again. The health and physique of your school children depends on taking effective measures to this end.

When the teeth are allowed to become septic and decayed, such ailments as anaemia, gastritis, rheumatism, tonsillitis, etc., follow in the wake.

The population are gradually realizing the importance of having a sound set of teeth.

Three fundamental truths must be recognised :—

- (I). Permanent teeth are worth preserving.
- (II). The neglect of the temporary teeth causes decay in the permanent
- (III). Decay, once it has started in a tooth, will end in the loss of the tooth unless the necessary treatment is undertaken early.

(g). CRIPPLING DEFECTS.

A study of Table II under the heading of Deformities, will show the number of crippling defects met with, and also under Heart Disease.

6. INFECTIOUS DISEASES.

Children Excluded.

The following is a summary of the children excluded during 1925 :—

Under Article 53 (b) (1) of the Code :

REASON FOR EXCLUSION.

	No. of Cases in School Children.	No. of Cases and Contacts Excluded.
Influenza ...	10	10
Scarlet Fever ...	28	73
Measles ...	5	5
Diphtheria ...	64	165
Whooping Cough	9	9
Chicken Pox ...	7	7
Chorea ...	13	13
Scabies	12	12
Ringworm ...	2	2
Impetigo, Eczema etc.	16	16
Tubercular Diseases	14	14
Rheumatism ...	8	8
Heart Trouble ...	23	23
Miscellaneous ...	149	149
	360	506

Under 53 (b) (2) of the Code ;

REASON FOR EXCLUSION.

	Boys.	Girls.	Total.
Body Lice	—	—	—
Verminous Hair, etc	2	—	2
	2	—	2

Excluded under Article 53 (b) (3) Sch. iv., 7 :

REASON FOR EXCLUSION.

	Boys.	Girls.	Total
Tubercular Diseases	1	2	3
Nephritis ...	1	—	1
Rheumatism ...	—	1	1
General Debility ...	—	2	2
Asthmatic Bronchitis	1	—	1
Heart Disease ...	—	6	6
Other Causes ...	—	2	2
	3	13	16

7. "FOLLOWING UP."

The diseases and defects found on medical inspection are notified either verbally at the examination, or by letter to the parents, and advice given as regards treatment. Those cases are re-inspected by the Doctor or School Nurse at subsequent visits to the Schools.

8. MEDICAL TREATMENT.

(a) MINOR AILMENTS.

1. Abertillery ...	Council Offices, Abertillery	Waiting Room, Treatment Clinic, Dark Room for Eye- sight and Throat, and Nose Work, Inspection Clinic Work	Tuesday and Thursday afternoons, 2 p.m. to 4 p.m. and Saturday mornings, 9.30 to 12 a.m.
2. Llanhilleth ...	Workmen's Institute	Waiting Room, Treatment Clinic, and Inspection Clinic Room	Thursday mornings, 9.30 a.m. to 12 a.m.
3. Crumlin ...	Crown School, Crumlin	Class-room	1st and 3rd Tuesday of each month, 9.30 a.m. to 12 a.m.

The above table shows the facilities which exist for the treatment of minor ailments. The situation of the Centres are well chosen, and involve a minimum amount of travelling for the school children, with consequent loss of minimum amount of time from school duties.

The Llanhilleth Centre at one time was held in a room in the Ty'r Graig school, but this classroom was required for educational purposes, and the Authority with the Board's approval, obtained suitable rooms situate at the Workmen's Institute in Llanhilleth. These rooms are large, and well vent-

ilated, and make a much better clinic centre than the congested and unsuitable premises where the principal clinic is held in Abertillery.

The provision of new clinic premises is long overdue at Abertillery.

The new clinic premises at Llanhilleth were opened on the 1st of April, 1925.

A study of Treatment Table Group I. Minor Ailments, will show how greatly the advantage is taken of the facilities provided by the Authority.

(b). TONSILS AND ADENOIDS.

No scheme has yet been submitted by the Local Education Authority to the Board of Education for the treatment of Tonsils and Adenoids, but the School Medical Officer has been instructed to report on this subject.

The present position for the treatment of Tonsils and Adenoids is as follows :

The men employed at the Rose-Heysworth Colliery subscribe to the hospital at Blaina, and their children who require operative treatment are referred through their own doctors to that hospital.

The men employed at the Cwmtillery, Gray, Pen-y-bont, Vivian, and Six Bells Collieries, subscribe to the new hospital at Aberbeeg, and their children are referred to this hospital for necessary treatment.

The workmen in the collieries in the lower end of the valley subscribe to Newport Hospital, and the children from this area are referred to Newport Hospital for treatment. I may point out that Newport is 17 miles away.

The various Hospital Authorities are complaining that there ought to be some definite scheme drawn up by the Education Authority, whereby suitable arrangements and pay-

ments should be made to the respective Hospital Authorities for undertaking the treatment of Tonsils, and Adenoids, and other throat and nose defects in school children.

I may point out that great difficulty exists in obtaining the necessary treatment for children from the lower part of the area.

There is no difficulty in obtaining treatment at the Aberbeeg Hospital.

The whole subject will come up for discussion at an early date by the Medical Inspection School Clinie Committee.

Quite a number of cases of Tonsils and Adenoids in children from this area are operated on at hospitals as far away as Cardiff, Bristol, and Hereford.

From a review of the situation as revealed above, it convinces one that some central arrangements should be adopted for the treatment at some local centre of all children suffering from this defect.

Ninety-six cases of Tonsils and Adenoids received treatment at those various hospitals, as will be seen from Table IV, Group III—Treatment of Defects of Nose and Throat.

With a suitable arrangement locally, many more would in my opinion receive the necessary suitable treatment.

(c). TUBERCULOSIS.

Dr. J. Lewis Thomas, Tuberculosis Physician to the Welsh National Memorial, attends at the Abertillery Centre one whole day per week, and in his report on the work of this Centre for 1925 he comments—"As usual there has been a close liaison between the School Medical Officer and our work, and this is a welcome and very necessary feature." This is as it should be.

There is no one in a more privileged position than the School Medical Officer in any Anti-Tuberculosis Crusade. He meets the young children in good health and in bad, and has

the "disease history" records of the children at his command, so that he is at once able to recognise the first symptoms, and also to classify children in that group called "pre-tubercular." These children once recognised are easily "followed-up" and supervised, and on any change for the worse in this condition can be at once referred to their own doctor, or the tuberculosis physician for the necessary treatment. The children included in this group present varied symptoms.

The symptoms may only be a slight Bronchial Catarrh, or Gastric Catarrh associated with Anaemia, and a certain loss of weight, or the only symptom may be a headache associated with Anaemia persisting over a period of months. During the last ten years, I have encountered seven cases of children whose only symptom was persistent headache, who ultimately died of Tubercular Meningitis, and owing to the associated Anaemia, these children had been placed in the "pre-tubercular" group. These children were all carefully examined, and no Tubercular focus was revealed as the result of physical examination. X-Ray examination of the chest might prove of value in those cases.

The value of school medical inspection in the early detection of tuberculosis condition of the bones and joints is most marked.

Hip-Joint disease cases are diagnosed at their commencement, in fact so early that each diagnosis is very often keenly debated. It is most satisfactory to note that in this district one rarely meets those running tubercular abscesses in young children.

The Tuberculosis Clinic in the Abertillery area deals with adults (males and females) and children all in the same session. Much closer liaison could still be developed if a special hour was set aside for the examination of school children referred by the School Medical Officer, and the other practitioners of the area.

The Inspection Clinic revealed nine cases as suffering from definite Pulmonary Tuberculosis, and 28 children were classified in the "pre-tubercular group," some of them in the convalescent stage of whooping-cough and measles.

The routine inspection of school children revealed six as suffering from Pulmonary Tuberculosis, and eight in the pre-tubercular group.

Hip-Joint disease was diagnosed in three cases and suitable treatment was obtained.

Tubercular Peritonitis was diagnosed in nine cases definitely.

(d). SKIN DISEASE.

The treatment and prevention of skin disease forms a large part of the work of the School Medical Service. The number of cases treated can be seen from the Table, Group I—Minor Ailments. It is satisfactory to note that this year there was a considerable reduction in the number of skin disease cases met with, and they were of a much milder nature than formerly. The continuous inspection of children by the school nurse is most valuable, and has been a most important factor in the control of these conditions.

The cases of Scabies and Impetigo met with easily yielded to suitable treatment.

The number of Ringworm cases has also considerably decreased, and I am pleased to report that this disease is also responding quicker to treatment, although three cases were encountered which had to be dealt with by X-Ray treatment. These cases were treated by X-Ray Specialist privately.

The Authority in my opinion should make facilities for the X-Ray treatment of ringworm, especially of the head when such treatment is necessary.

(e). EXTERNAL EYE DISEASE.

The external eye disease dealt with, can be seen from Treatment Table, Group I—Minor Ailments.

The cases Conjunctivitis and Blepharitis met with were mostly of a mild nature, and responded quickly to treatment.

A few cases of Chronic Blepharitis are under treatment.

(f). VISION.

267 cases of Defective Vision and Squint were dealt with

See Table IV - Group II.

The following table shows the different types of refractive error met with.

Defective Vision, 1925.

No. of Refractions :		Rt. and Lt.	R.	L.
Emmetropia	...	15	—	1
Hypermetropia	...	63	7	15
Myopia	...	49	2	5

ASTIGMATISM.

Simple Hypermetropic	...	1	—	—
Compound Hypermetropic	...	28	13	5
Simple Myopic	...	4	—	—
Compound Myopic	..	19	3	1
Mixed Astigmatism	...	30	6	5

(g). EAR DISEASE AND HEARING.

116 cases of Minor Ear Defects were treated at the Clinic.

I have commented on this previously.

(h). DENTAL DEFECTS.

See Special Table.

9. OPEN-AIR EDUCATION.

There are no open-air classrooms, day open-air schools, or residential open-air schools under the Authority.

No school camps have been organised.

Playground classes and school journeys are held in the summer months when the weather is propitious.

Throughout the whole area there is a great lack of the proper facilities for taking advantage of open-air education. Much more could be done in this direction.

10. PHYSICAL TRAINING.

There is no area organiser of physical training. The physical training is carried out at the schools by the teachers.

11. PROVISION OF MEALS.

No meals have been provided for children in the Aber-tillery district proper.

Meals, which consist of a glass of milk and a suitable sandwich, are being supplied at the Ty'r Graig, Brynhyfryd, and Llanhilleth schools. These meals are supplied by the teachers during the break in the morning and afternoon sessions. On cold days the milk is supplied warm.

Children suffering from debility, etc., are also supplied with milk in these schools on the recommendation of the School Medical Officer.

The total number of meals supplied was 16,983, from from 22nd June 1925, to 31st December, 1925.

Considerable improvement has taken place in the general condition of the children selected for these meals.

The following are particulars of feeding centres and periods of use, for the provision of meals to necessitous children :—

Aberbeeg School	...	22nd June, 1925, to 18th Dec., 1925
Ty'r Graig „	...	„ „ „
Brynhyfryd „	...	22nd June, 1925, to 31st Dec., 1925

(The difference in the dates of the use of this School is explained by the fact that during the Christmas holidays the children from all other schools in the Llanhilleth and Aberbeeg district were transferred to the Brynhyfryd School for meals).

Llanhilleth School	...	22nd June, 1925 to 18th Dec., 1925
Queen Street	„	30th Nov., 1925 to 18th Dec., 1925
Education Office	...	21st Dec., 1925 to 31st Dec., 1925

(A few children from Queen Street and Bryngwyn Schools were fed during the Christmas Holidays).

12. SCHOOL BATHS.

There are no baths attached to any of the schools.

This year the children have had no swimming instruction, as the bath at the Powell's Tillery Institute was not available.

13. CO-OPERATION OF PARENTS.

Presence of Parents.

Parents are invited by notices to attend at the medical inspection of their children. The presence of each parent is of great value and assistance to the School Medical Officer in enabling him to collect useful information regarding the child's history and individual peculiarities. The defects and diseases found can thereby be impressed on the parent or guardian and full instructions given for their remedy. The parents of dirty and neglected children rarely attend at medical inspection and in a few cases keep their children from school on that day. In these cases the homes are immediately visited by the nurse.

Parents, or other Responsible Persons present at Medical Inspections.

	Number Ex- amined.	Parents, etc., present.		Mother.	Father.	Guardian.	Grand- parents.	Aunt	Sister or Brother.	Friend.
		No.	Per Cent.							
Entrants ...	837	699	83.5	576	20	5	15	21	43	19
Intermediates ...	790	564	71.4	443	21	9	10	10	55	16
Leavers ...	1187	431	36.3	375	16	2	5	5	20	8
Specials ...	59	59	100	39	11	3	4	1	1	...
Other Routine Inspections ..	194	88	45.3	70	4	2	2	2	5	3
Total ..	3008	1841	61.2	1503	72	21	36	39	124	46

14. CO-OPERATION OF TEACHERS.

Head-Teachers and Staff willingly co-operate in Medical Inspection, and give all possible assistance such as sending out the notices to parents, provision of suitable room for medical examination, etc.

Their advice on the mental standard of the various scholars is most valuable.

Many children suffering especially from defective vision and hearing are referred by the teaching staff to the School Medical Officer.

Lists of irregular attendances are also sent from the various head-teachers to the office for further enquiries.

Returns of Infectious Disease cases are also forwarded weekly, or as necessary.

15. CO-OPERATION OF ATTENDANCE OFFICERS.

Four School Attendance Officers were at one time employed by the Local Education Committee each officer being allocated to a special area.

John Davies, Esq., the senior School Attendance Officer, died in January, 1923, after 37 years faithful and loyal service. His position was not filled by the Authority.

In December, 1925, Ernest Boots, Esq., another keen and enthusiastic Attendance Officer died, and no appointment has yet been made. He had served under the Authority for a period of 20 years, and like Mr. Davies took a keen interest in all work pertaining to the social, religious, and educational welfare of the children of this district.

At present only two Attendance Officers are employed.

The assistance of these two officers in the following particulars is very much appreciated.

1. Returns of admitted children
2. Tracing of transfers.

3. Reporting of infectious cases among absentees.
4. Enquiries under the Mentally Deficiency Act.
5. Referring of children as regards their fitness to attend School.
6. Malingering among school children encouraged by parents.
7. Neglected children.
8. Enquiries *re* necessitous children.

16. CO-OPERATION OF VOLUNTARY BODIES.

The N.S.P.C.C., last year undertook the treatment of certain physically defective children. The defects treated were dealt with in the 1924 report. The Local Education Authority now undertake provision for the treatment of those cases.

The School Medical Officer works in co-operation with the Inspector of the N.S.P.C.C., especially in cases of cruelty to children.

One case was prosecuted for neglect, the mother being sentenced to three months in the second division.

There are no Children's Aid Association or Guilds of Help.

A special Committee has been established by the Education Authority to gather funds for the supply of boots to certain children whose cases are not being met from other sources, such as the Board of Guardians, etc. The monthly report of the Attendance Officers brought the fact prominently before the Authority that a large number of attendances were being lost annually, with consequently considerable loss of grant, owing to the fact that children could not attend school owing to want of suitable and efficient foot-gear.

Funds are being gathered for this requirement by means of local concerts, whist drives, and amateur dramas, etc. It is sincerely hoped that sufficient funds will be available.

18. NURSERY SCHOOLS.

There are no Nursery Schools under the Local Education Authority, but a step in this direction might now be taken.

19-20. SECONDARY AND CONTINUATION SCHOOLS.

These schools are under the control of the Monmouthshire County Council.

22. SPECIAL INQUIRIES.

The amount of routine work demanded in this large area leaves no time for special inquiries.

Any amount of material exists and there are many directions in which profitable special inquiries and original work could be done, provided adequate medical assistance was provided for routine duties.

23. MISCELLANEOUS.

All teachers now engaged are employed subject to being found medically fit by the School Medical Officer.

The teachers engaged during the year were all medically examined, and found to be in good health. Two of them suffered from dental defects which were remedied before engagement.

Personal and Family History.

The following shows the number of children examined exclusive of "specials," and their Infectious Diseases record.

	No. Examined.	PREVIOUS ILLNESSES.				
		Measles.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Diph- theria.
Infants :						
Boys ...	417	227	143	91	23	11
Girls ..	420	254	192	111	19	12
All Infants	837	481	335	202	42	23
Per Cent. ...	...	57.2	40.0	24.1	5.0	2.7
Intermediates :						
Boys	386	108	59	55	21	10
Girls ..	404	140	84	81	17	12
All Inter- mediates	790	248	143	136	38	22
Per Cent. ...	...	31.3	18.1	17.4	4.8	2.8
Leavers :						
Boys ..	633	40	26	17	4	3
Girls ..	554	14	16	22	14	4
All Seniors	1187	54	42	39	18	7
Per Cent. ...	...	4.5	3.5	3.3	1.4	0.6
All Children	281	783	520	277	98	52
Per Cent. ...	...	27.8	18.1	9.8	3.4	1.8

Previous to school medical inspection the parent or guardian is supplied with a special form on which to record the previous illness and family history of the child. The family history is of great value, as it is important to know whether the child comes of a consumptive, epileptic, or other stock.

HEIGHTS AND WEIGHTS.

Age in years last Birthday	BOYS.				GIRLS.			
	No. Examined.	AVERAGE HEIGHT.		No. Examined	AVERAGE HEIGHT		AVERAGE WEIGHT.	
		Centimetres.	Inches		Centimetres.	Inches	Kilograms	Pounds
4	179	100.3	39.5	174	97.5	38.4	15.5	34.3
5	190	115.8	45.0	204	119.5	40.7	16.3	36.0
6	48	136.4	53.7	42	107.9	42.5	17.9	39.5
7	152	107.1	42.4	124	114.5	45.1	21.0	46.5
8	207	119.1	46.9	248	119.1	46.9	22.3	49.3
9	27	123.9	48.8	32	123.1	48.5	24.0	53.1
10	18	130.0	51.2	28	129.2	50.9	27.0	59.6
11	83	134.1	52.8	55	133.8	52.7	25.0	55.2
12	328	127.5	50.2	267	138.1	54.4	32.1	70.9
13	269	155.4	61.2	247	145.0	57.1	35.5	78.4
14	36	145.2	57.2	40	139.4	54.9	38.1	84.0

TABLE IV.

Return of Defects Treated during the Year ended
31st December, 1925.

TREATMENT TABLE.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm-Scalp	22	3	25
Ringworm-Body	14	1	15
Scabies	15	3	18
Impetigo	107	19	126
Other Skin Disease	189	17	206
Minor Eye Defects (external and other, but excluding cases falling in Group II) ..	204	11	215
Minor Ear Defects	111	5	116
Miscellaneous (e.g., Minor injuries, bruises, sores, chilblains, etc.)	420	58	478
Total	1082	117	1199

Table IV.—continued.**GROUP II.—DEFECTIVE VISION AND SQUINT.**

(Excluding Minor Eye Defects treated as Minor Ailments Group I).

Defect or Disease,	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted for refraction by private practitioner or at hospital, apart from the Authority's Scheme	Other-wise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ...	238	21	3	262
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	...	4	1	5
Total ...	238	25	4	267

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... 238

(b) Otherwise ... 24

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... 80

(b) Otherwise ... 182

Supply of Spectacles.

During the year, 91 applications for free spectacles were received on behalf of children in attendance at Schools of the Committee, 80 of which were granted.

TABLE IV. *continued.*
GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner, or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
—	96	96	11	107

Table IV.—*continued.***GROUP IV. DENTAL DEFECTS.**

(1)	Number of Children who were :—		
	(a) Inspected by the Dentist :		
	Aged :	5	747
		6	90
		7	276
		8	485
		Total	1430
	Specials	...	1568
		Grand Total	2998
	(b) Found to require treatment	...	2181
	(c) Actually treated	...	1345
	(d) Re-treated during the year as the result of periodical examination	...	229
(2)	Half-days devoted to :—		
	Inspection	...	16
	Treatment	...	120
		Total	136
(3)	Attendances made by children for treatment...		
		...	1829
(4)	Fillings :		
	Permanent Teeth	...	218
	Temporary Teeth	...	48
		Total	266
(5)	Extractions :		
	Permanent Teeth	...	670
	Temporary Teeth	...	2573
		Total	3243
(6)	Administrations for general anaesthetics for extractions		
		...	1132
(7)	Other operations :—		
	Permanent Teeth	...	27
	Temporary Teeth	...	14
		Total	41
	Regulation Plates provided		
		...	5

Table IV. *continued.***GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.**

(i)	Average number of visits per School made during the year by the School Nurses ...	17
(ii)	Total number of examinations of children in the Schools by School Nurses ...	12,463
(iii)	Number of individual children found unclean	275
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	
(v)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1912 ...	
	(b) Under School Attendance Byelaws	

School Closure.

No Schools were closed during 1925 through Epidemics.

Charges for Treatment at School and Dental Clinics.

The following charges are made to parents whose income is in excess of 10/- per head of the family after allowing payment for rent :—

MINOR AILMENTS—Free for the first fortnight.
 1/- for three months' treatment
 2/- for six months' treatment.

DENTISTRY—6d. an attendance, or 1/- inclusive fee for complete treatment.

Application Forms for Free Treatment are obtainable on request.

Cod Liver Oil and Parrish's Food supplied on application free or otherwise, according to income scale, in cases recommended by School Medical Officer

DISENFECTION. - All the Schools in the area were disinfected by the Sanitary Staff during the summer vacation.

RECOMMENDATIONS.

The time has now arrived for the further developement of the School Clinic, and it becomes my duty to submit for your consideration the following proposals :

Formation of Classes for dull and backward children.

The establishment of new Clinic Premises with better accommodation.

Extension of the Dental Clinic and appointment of full-time Dentist.

X-Ray treatment of Ringworm of the Scalp.

Provision of Remedial Exercises.

Establishment of Schools on Open Air lines for Physically and Mentally Defective Children.

The question of School Baths.

Establishment of Nursery Schools.

T. BAILLIE SMITH,

School Medical Officer.

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